



## **OFFICIAL NOTICE AND AGENDA**

Notice is hereby given that the **North Central Community Services Program Board** will hold a meeting at the following date, time and location shown below.

**Thursday, October 29, 2020 at 3:00 pm**  
North Central Health Care - Wausau Board Room  
1100 Lake View Drive, Wausau, WI 54403

*The meeting site identified above will be open to the public. However, due to the COVID-19 pandemic and associated public health directives, North Central Health Care encourages Committee members and the public to attend this meeting remotely. To this end, instead of attendance in person, Committee members and the public may attend this meeting by telephone conference. If Committee members or members of the public cannot attend remotely, North Central Health Care requests that appropriate safety measures, including adequate social distancing, be utilized by all in-person attendees.*

*Persons wishing to attend the meeting by phone may call into the telephone conference beginning five (5) minutes prior to the start time indicated above using the following number:*

Meeting number (access code): 1-408-418-9388 Access Code: 146 525 8314 Passcode: 1234

### **Our Mission**

*Langlade, Lincoln and Marathon Counties partnering together to provide compassionate and high quality care for individuals and families with mental health, recovery and skilled nursing needs.*

## **AGENDA**

1. CALL TO ORDER
2. CHAIRMAN'S ANNOUNCEMENTS
3. PUBLIC COMMENT FOR MATTERS APPEARING ON THE AGENDA  
(Limited to 15 Minutes)
4. PATIENT IN THE BOARD ROOM (5 Minutes)
5. CONSENT AGENDA AND MONITORING REPORTS
  - A. Board Minutes and Committee Reports
    - i. ACTION: *Motion to Approve the September 24, 2020 NCCSP Board Minutes*
    - ii. FOR INFORMATION: Draft Minutes of the October 13, 2020 Executive Committee Meeting
    - iii. FOR INFORMATION: Draft Minutes of the September 22, 2020 Nursing Home Operations Committee Meeting

B. Policy Governance Monitoring Reports

- i. ACTION: *Motion to Accept the Dashboards and Executive Summary*
- ii. Executive Reports

C. ACTION: *Motion to Approve the Recommendation of the Medical Executive Committee to Approve Medical Staff Privilege Amendments Adding Child & Adolescent Privileges for:*  
Graig Aders, MD, Jean Baribeau-Anaya, PA-C, Dileep Borra, MD, Susan Brust, APNP,  
Laurence Gordon, DO, Robert Gouthro, MD, Patrick Helfenbein, MD, Kimberly Hoenecke,  
DO, Debra Knapp, APNP, George Manatt, MD, Bababo Opaneye, MD, David Tange, MD,  
Barbara Torgerson, PA-C, Robert Vickrey, MD

6. BOARD EDUCATION

A. Annual Report from the Medical Staff (15 Minutes) – R. Gouthro, Chief Medical Officer

B. Update on the Progress of the Quality, Compliance, and Safety Plan (15 Minutes) – J. Peaslee

7. BOARD DISCUSSION AND ACTION

A. Update on the Status of the Temporarily Suspended Medically Monitored Treatment Program (5 Minutes) – M. Loy

B. CEO Report and Board Work Plan (5 Minutes) – M. Loy

C. ACTION: *Motion to Accept the September Financial Statements* (5 Minutes) – J. Meschke

D. Chief Nursing Officer's Executive Report (5 Minutes) – J. Bracken

E. Cerner Update (5 Minutes) – T. Boutain

F. EDUCATION: Governance Effectiveness Survey Results (5 Minutes) – M. Loy

G. ACTION: *Approval of the Policy Governance Manual* (15 Minutes) – M. Loy

H. EDUCATION: Board Competency Self-Evaluation Results (5 Minutes) – M. Loy

I. Review of Board Calendar for 2020-2021 (5 Minutes) – M. Loy

8. BOARD CALENDAR AND FUTURE AGENDA ITEMS – M. Loy

9. BOARD EXPERIENCE OPTIMIZER

10. ADJOURN

**NOTICE POSTED AT:** North Central Health Care

**COPY OF NOTICE DISTRIBUTED TO:**

Wausau Daily Herald, Antigo Daily Journal, Tomahawk Leader,  
Merrill Foto News, Langlade, Lincoln & Marathon County Clerks Offices



Presiding Officer or Designee

DATE: 10/23/2020 TIME: 4:00 PM BY: D. Osowski

## **NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES**

September 24, 2020

3:00 p.m.

Wausau Board Room

Present via conference phone (due to Covid19) unless otherwise noted

X	Eric Anderson	X	Randy Balk	X	Ben Bliven
X	John Breske	X	Kurt Gibbs	X	Jason Hake
X	Lance Leonhard	X (on site)	Robin Stowe	X	Gabe Ticho
EXC	Pat Voermans	X	Bob Weaver	X	Theresa Wetzsteon
X	Jeff Zriny				

Staff Present: Michael Loy, Dr. Rob Gouthro, Jarret Nickel, Jill Meschke, Tom Boutain, Jaime Bracken, Jennifer Peaslee, Dejan Adzic

Guests: Celestine, MaiGer Moua, Chue Xiong

### Call to Order

- Meeting was called to order at 3:03 p.m.

### Chairman's Announcements

- Jason Hake has accepted the position of Deputy Administrator of Marathon County and will no longer be eligible to be a Lincoln County representative on our Board. Jason was thanked for his participation on the Board and wished him much success in his new position. Nancy Bergstrom will be filling the vacancy for Lincoln County.
- Dejan Adzic was introduced and welcomed as recently hired by the Marathon County Assistant Corporation Counsel as the full-time assigned attorney for North Central Health Care. He will office out of NCHC but will remain as an employee of Marathon County.

### Public Comment for Matters Appearing on the Agenda

- None

### Patient in the Board Room

- Celestine, shared her experiences as a current resident of MVCC including her recovery from COVID while residing on the unit during the time of the outbreak. She expressed her gratitude to the wonderful staff and care she received and that "the nurses and aides deserve every penny they are paid – they earn it". The Board, in turn shared their appreciation for her comments and time talking with them.

### Consent Agenda and Monitoring Reports

- G. Ticho shared comments regarding several data points on the RCA Dashboard including access which is a main focus that the team is working to improve. Dr. Gouthro will address 'open access' during his update. L. Leonhard added that the crisis access metric also wanted to address what was perceived to be youth diversions that were short in duration.
- **Motion**/second, Stowe/Leonhard, to approve the Consent Agenda and Monitoring Reports. Motion carried.

### Board Education – Diversity, Equity, and Inclusion: Perspective and Opportunities for Engagement with the Hmong Community – MaiGer Moua and Chue Xiong

- MaiGer Moua, Crisis Operations Manager for the Crisis Center, has been with NCHC for about one year. Chue Xiong, Informatics Analyst, Information Management Services Department has been employed about five years.
- Chue and MaiGer shared that NCHC offers an opportunity for growth and advancement in their health care careers. Each shared positive experiences since they began their employment as well as offered recommendations on improving diversity, equity and inclusion in the workplace.
- The Board thanked MaiGer and Chue for an informative presentation.

### Board Discussion and Action

- Recommend the 2021 Budget for Adoption
  - 2021 Budget presentation was provided by J. Meschke.
  - Highlights included: not budgeting for salary vacancies to help monitor overtime and costs related to struggles with staffing; moved depreciation for assets into programs rather than keeping at the administration level; all costs are allocated to appropriate areas.
  - Forecasting during a pandemic was challenging; not expecting the nursing home, community living, and Adult Day Services to return to pre-Covid levels as we are seeing a reduction in clients coming into these programs and do not anticipate that changing in 2021. We are, however, anticipating pre-Covid levels in Behavioral Health but taking a realistic and conservative look to review the past 6 months to predict the next 6 months.
  - CaresAct Funding received in 2020 will be used for Covid-related expenses; we are not anticipating additional revenues continuing in 2021.
  - Tax levy has been reduced considerably over the years, currently at 6% of total budget.
  - **Motion**/second, Hake/Balk, to adopt the 2021 Budget. Motion carried.

### CEO Report and Board Work Plan - M. Loy

- Youth Hospital is set to open 10/20/2020; invitations will be sent to tour the facility.
- The new Adult and Youth Crisis Youth Stabilization facilities are on track to open in November; pending delays in construction and survey.
- Bonding for \$18 million came in at 1.465 % which was a substantially lower than what was initially projected (4.75%).



- Announcement has been made by the City of Wausau about the possibility of a new rehab hospital coming to Wausau which could substantially impact our rehab and vent units; will watch this development closely over the next 18-24 months.
- Portage County finalized their study and are interested in continuing to discuss the possibility of a regional collaboration.
- Working with Wausau Police Department and other community partners to address homelessness in the Wausau area; developing a pilot program; in the process to secure housing.
- Sober Living project in Langlade County is moving forward again; renovations are beginning with the goal to open in the first quarter of 2021.
- With local hospital capacity increasing due to Covid, we are receiving referral discharge pressure that we need to accommodate.
- Adult Protective Services transfer is not going forward. There are significant issues to be resolved regarding placement costs to address. Program will be folded back into budget for 2021.

#### August Financial Statements - J. Meschke

- Received two additional CaresAct payments of just under \$500,000. Through August NCHC, specifically for Mount View Care Center and Behavioral Health Hospital, received \$1.5 million and Lincoln County received \$663,000 in CaresAct funds; \$250,000 to each nursing homes was specific to infection control and prevention. These funds must be used for Covid-related costs first with potential to cover lost revenue although there is some uncertainty being a governmental facility.
- **Motion**/second, Leonhard/Gibbs, to accept the August financial statements. Motion carried.

#### Chief Medical Officer's Executive Report – R. Gouthro

- Open Access Clinic is directed toward patient quality and patient care initiatives; taking limited resources to address a lot of problems including no show problems. Want to provide care and open provider slots to serve patients on waiting lists and get them scheduled in a timely fashion. Clinic is open to any need that can be served and we believe this will address concerns.

#### Chief Nursing Officer's Executive Report – J. Bracken

- Infection Control program has been very busy and we are working on creating a centralized program for consistent support in all clinical areas. It was wonderful to hear from Celestine and how she spoke so well of the teams taking care of her and all of our residents.
- Recruitment has been a main focus. Our goal is for new staff to have good experiences which will help strengthen our programs and improve retention.
- Falls Prevention, Medication Administration, and Hand Hygiene are being developed for each clinical area.

#### Operational Plan Update – J. Nickel

- Pine Crest transition is complete with the last transition moving from Lincoln County IT to CCIT.
- 2021 Operational Plan is being finalized.

#### Motion to Move into Closed Session

- A. **Motion**/second, Anderson/Ticho, Pursuant to Section 19.85(1) (c) and (f) Wis. Stats. for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility, and preliminary consideration of specific personnel problems, which if discussed in public, would likely have a substantial adverse effect upon the reputation of any person referred to in such problems, including specific review of performance of employees and providers of service and review of procedures for providing services by Agency, to wit: *Report of Investigations related to Corporate Compliance Activities and Significant Events*. Roll call vote; all ayes. Motion carried.

#### Reconvene to Open Session and Report Out or Possible Action on Closed Session item(s)

- **Motion**/second, Gibbs/Leonhard, to move to reconvene in open session at 4:52 p.m. Motion carried.

#### Board Calendar and Future Agenda Items - M. Loy

- No discussion

#### Board Experience Optimizer

- Please complete the Board Experience Optimizer and provide feedback
  - The Board Optimize has been updated with a link to the survey (1-2 minutes)
  - Your responses help make sure meetings meet your needs and expectations

#### Adjourn

- **Motion**/second, Leonhard/Bliven, to adjourn the meeting at 4:54 p.m. Motion carried.

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD  
EXECUTIVE COMMITTEE**

**October 13, 2020**

**3:00 PM**

**NCHC – Wausau Board Room**

Present:	X	Jeff Zriny	X	Jason Hake
	X	Lance Leonhard	X	Robin Stowe
	X	Eric Anderson		

Others Present: Michael Loy, Nancy Bergstrom, Dejan Adzic

Call to Order

- Meeting was called to order at 12:01 p.m.

Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

ACTION: Approval of September 17, 2020 Executive Committee Meeting Minutes

- **Motion**/second, Hake/Stowe, to approve the Executive Committee meeting minutes.  
Motion carried.

Overview of Draft October 29, 2020 NCCSP Board Agenda

- The draft NCCSP Board Meeting agenda for October 29 was reviewed.

Review Organizational Dashboard and Work Plan

- There were no questions to the Work Plan, Dashboard, and Performance Measures

CEO Report

- Jarret and Autumn Nickel welcomed their first child on Sunday.
- Meridian Temperature Verification Kiosk
  - A demonstration of the Kiosk was provided. The cost of 17 Kiosks at \$2,500 each will be covered through CaresAct funds but will also recoup the costs of staffing expense relative to the current screening process within a month. Emails will be sent directly to employee health if a temperature is too high. Kiosks also indicate if individual can enter or if entry is denied due to high temperature reading or no facial mask.
  - There will be an attestation at every module if employee knowingly enters when sick that it is a terminable offense.

- Covid-19 Updates
  - Opened the Covid Hospital unit for a very short time when one patient in the Inpatient Hospital (IP) tested positive, the IP was closed for a few days; no other cases were identified, the Covid unit was closed, and IP resumed normal procedures within 5 days
  - No current positive cases in Mount View and Pine Crest.
    - We are discussing with Aspirus about the potential to open a Covid unit to help with their growing Covid census. Most area nursing homes are not taking Covid admissions needing rehab and it is important for us to help hospitals and care for these individuals safely.
  - Nursing homes are required to test weekly which for us is several hundred people each week. Have had several false positive results but our protocol is that we will then retest to verify and if negative will test a third time. The employee tracking document shows that we currently have 32 individual with the majority out due to pending test results and quarantined. Biggest issue is when a family member tests positive and the employee is needed to care for them which has potential to result in being off work for 20-28 days.
- September Financials
  - There was a loss of \$688,000 with net patient revenue down \$325,000 from average. Main areas affecting the loss were the nursing homes not taking admissions and the hospital closed for 5 days resulting in about 20 diversions. Year to date we are still in the black at \$265,000.
- Organizational Chart Updates
  - Have moved from program focused to director focused structure.
  - Restructured several executive team positions/roles to create the Operations Executive position. Also added two key clinical executive team members with a Chief Medical Officer and Chief Nursing Officer thereby reducing Executive Team by 2 positions in 2020.
  - Directors are being asked to growth in their leadership to their programs which in effect should help be more efficient and effective, along with a higher accountability for results.
  - One position that remains on hold is the Executive Director for the North Central Health Foundation.
- Youth Behavioral Health Hospital
  - Tours are being provided this week to community partners; anticipate opening 10/20/20.
  - Did not budget start-up costs and construction was delayed 8 weeks; have had about \$180,000 in startup expenses to date and until census is reached program will run at a loss. These start-up costs were are being funded from County fund balances versus having the County provide the additional funding.
  - After program is operational and if census is averaging around 4 not the required 6, we will consider exploring admissions from outside our three county area.
- Northern Valley Industries
  - Continue to make progress, albeit slowly.

- Physician Recruitment
  - Dr. Lamberton is ending her contract with us at the end of 2020; Dr. Varhely and Tiffany Pluger, APNP will be filling her role.
  - Two additional inpatient physicians will be joining us in the first quarter 2021; they are finishing their residency out of UW Green Bay; a second child psychiatrist will be joining us in the summer of 2021. Recruitment for additional Outpatient Psychiatrists continues.
- Outpatient Services
  - Intensive Outpatient and Day Treatment programs continue to be suspended; technology not a good solution as substitute.
  - Reviewed outpatient therapy financial model and difficulties managing high caseloads given the demand; limitations exist on our referral flow internally and externally. To increase capacity will need to add therapists for timely outpatient care; would also need to increase CCS.
- Long Term Care Future State – CLA
  - The implications of Covid-19 in 2020 and the stress of other nursing homes closures in area will impact the decision on the renovations to the nursing home and the final footprint and bed capacity for Mount View Care Center; we will be updating our demand analysis by second quarter 2021. An expansion of mental health services could be considered if space is made available as Mount View would be scaled back.
  - CLA will be working on a market review and master facility plan for Pine Crest, as well as revisit the plan prepared in 2017 for MVCC, and will be assisting as we engage with Portage County relative to a regionalized model. A presentation will be provided to the Board in early 2021.
- CCIT Assessment
  - Feel we need to own this function as a strategic direction and not outsource it.
  - Our goal is to refresh our core systems on a reoccurring 5 year cycle.
  - Built capacity internally with new Information Technology Executive position, Director and Project Manager. Feel we can support our IT needs internally with substantial cost savings.
  - We want to be thoughtful about this process and do not want to impair the other partners involved with CCIT. Analysis continues.
- Construction Updates
  - Outcomes have been great; however there has not been a due date that's been delivered on which has been a struggle.
- Culture Work
  - The Fundamentals for NCHC to have a High Performing Culture were shared. Have not been able to implement the initiative due to Covid. Plan is to launch the program in January 2021 for all employees. Staff are excited and feel this will do a lot for the organization.

- Corporation Counsel Update
  - Thankful Dejan is here and has been a great resource right out of the gate.

Motion to Move Into Closed Session:

- A. **Motion**/second, Anderson/Leonhard, Pursuant to §19.85(1)(c) Wis. Stats. to consider Performance Evaluation of a Public Employee Over Which the Governmental Body has Jurisdiction or Exercises Responsibility, namely the Chief Executive Officer of North Central Health Care.
- B. Roll call taken, all ayes. Motion carried. Meeting convened in closed session at 12:57 p.m.

Reconvene to Open Session and Report Out on Possible Action on Closed Session Item(s)

- A. No report out or action.

Future Agenda Items for Executive Committee or Board Consideration

- A. No discussion.

Adjourn

- A. **Motion**/second/ Stowe/Leonhard, to adjourn. Motion carried. Meeting adjourned at 2:10 p.m.

*Minutes prepared by Debbie Osowski, Executive Assistant to CEO*

## NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD NURSING HOME OPERATIONS COMMITTEE

**September 22, 2020**

**3:00 PM**

**Conference Call**

Present:	X	Jeff Zriny	X	Kurt Gibbs	X	Paul Gilk
	X	Cindy Rider	EXC	Pat Voermans	ABS	Bob Weaver

Others: Jason Hake

Staff: Michael Loy, Jarret Nickel, Kim Gochanour, Jill Meschke, Zach Ziesemer, Ryan Hanson, Kristin Woller

### Call to Order

- Meeting was called to order at 3:04 p.m.

### Public Comment for Matters Appearing on the Agenda

- None

### ACTION: Approval of August 25, 2020 Nursing Home Operations Committee Minutes

- **Motion**/second, Gibbs/Rider, to approve the August 20, 2020 Nursing Home Operations Committee meeting minutes. Motion carried.

### Financial Report – J. Meschke

- In August Mount View Care Center showed a gain of \$223,000 with a year to date gain of \$1.3 million compared to budgeted gain of \$15,000. During August additional Cares Act funding was received in the amount of \$283,000. Total Cares Act funding received to date is \$1.3 million; without these funds Mount View would be at an \$11,000 loss year to date. Census averaged 154/day compared to budget of 183/day. The majority of the patient revenue loss was due to volume variance not rate variance.
- Pine Crest showed a gain of \$762,000, which includes \$242,000 in Cares Act funds, with a year to date gain of \$818,000 compared to a break neutral position. Year to date Cares Act funding totals \$917,000; without these funds Pine Crest would be at a loss of \$99,000 year to date. Medicare census was down however rate variance was good. Direct expense and salaries are both favorable.
- It is unknown if additional Cares Act funds will be received.

### Nursing Home Operations Reports

- Mount View Care Center Operations Report was reviewed by Kristin Woller; highlights include:
  - Stayed about the same for openings with RN's and CNA's, gained two hospitality assistants, and a respiratory therapist but lost a central supply coordinator in August due to retirement.

- Patient Experience only 8 of 45 responses received; 87.5% overall experience which is above target.
- August had the lowest number of falls for one month in the last 2 years.
- Readmission rate in August was quite high at 50%. We anticipate this number to decrease in September as the Rehab unit is no longer on enhanced precautions.
- Two state survey visits occurred in August i.e. a focus infection control survey and a follow-up visit due to plan of correction from an event in May. No citations received; we were found in compliance.
- C. Rider congratulated the nursing home teams for a great job in very stressful times.
- Pine Crest Nursing Home Operations Report was received by Zach Ziesemer
  - Saw uptick in vacancy rate due to occasional staff who have not picked up shifts in a while being removed from the system.
  - Patient experience fell below target. Have restarted outdoor visits which feel will have a positive impact. Also small group activities were fewer. With new guidelines from CMS and DHS will relook at coordinating activities and helping improve patient experience scores.
  - Decrease in falls from July to August. One resident who had multiple falls in July was moved to a special care unit which has helped reduce the number of falls.
  - Decrease in hospitalizations; discovered there was education needed for both staff and family.
  - Surveyors were on site twice; a focused infection control survey and in response to a self-report. No concerns noted with either survey.
  - Referrals trend was a little lower than usual; 21 did not admit. To decrease agency costs limited number of long term care beds were available.
  - Regarding referrals, it was asked if Pine Crest is part of the network with Aspirus. It is but there is an issue with the federal ID number being tied to Lincoln County so we need to migrate to its own tax ID number. Will ask our new corporation counsel, Dejan Adzic, to review.

#### Nursing Home Industry Updates – K. Gochanour

- Anticipating 2.2% increase to the average Medicaid rate for 7/1/2020-6/30/2021. Will share how it directly impacts us when more information is available.
- Notified by CMS about mandatory testing for all employees working in long term care and determined by our County infection rate. Initially in a monthly testing, however, with increases in Covid positive tests we are in weekly testing. First round of testing begins 9/28. Biggest issue is supply chain and obtaining the tests. Will be communicating regularly with our regulatory agency if challenges to obtain tests occur.
- Had surveyors on site on a complaint survey dated February. Do not have a plan from CMS on when annual surveys will commence again due to lack of PPE they are requiring their staff to wear.
- Because we had Covid positive residents and employees, we've been chosen by Great Lakes Superior Alliance (formerly Metastar), and are now required to do regular audits for six weeks and show improvement that will be submitted to CMS and share findings. Our focus is on hand hygiene, PPE, and mask and goggle compliance.



- All 4 floors have been poured. Parking lot is completely under construction to be completed in October. Adjusted patio visits due to challenges in parking.
- Working on a transition plan for moving portion of Lake View Heights residents as construction begins for MMT early in 2021. Waiting on confirmation of dates before moving forward.
- Planning is occurring regarding testing of individuals who consistently come into the building i.e. family members, hospice agencies, etc. for end of life visits.
  - Testing results should be a 48 hour turnaround to be in regulatory compliance.

#### Completion of Pine Crest Transfer – J. Nickel

- Began transitioning Pine Crest to North Central Health Care in September 2019 which included:
  - Approval from appropriate Boards
  - Hiring an Administrator
  - Changing Therapy Services
  - Providing Manager Orientation
  - Completing IT Assessments
  - Transitioning Laundry Services
  - Onboarding Employees
  - Setting up Billing
  - Providing SafetyZone Training
  - Completing Pharmacy Transition
- From the review of financials, after countless hours to complete the transition, including the oversight of this committee, the transition has provided stability and a future for Pine Crest. There has been significant benefit from this transition for both organizations and we continue to review opportunities for collaboration between Pine Crest and Mount View Care Center. The transfer is now considered to be complete.

#### Future Agenda Items and Meeting Schedule

- Monthly committee meetings were established as the transition of Pine Crest to NCHC was occurring. Now that the transition has ended the question was presented to the Committee about the value and frequency of meeting moving forward.
- Following discussion, **motion**/second, Gibbs/Rider, that the Nursing Home Operations Committee move to meet on a bi-monthly basis, skipping the October meeting, and meeting next November 24, 2020. Staff are welcome to forward information to the Committee members between meetings and additional meetings can be scheduled as need arises. Motion carried with Gilk opposed.

#### Adjourn

- **Motion**/second, Gibbs/Gilk, to adjourn the meeting at 3:48 p.m. Motion carried.

DEPARTMENT: NORTH CENTRAL HEALTH CARE								FISCAL YEAR: 2020								
PRIMARY OUTCOME GOAL	↕	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2020 YTD	2019
PEOPLE																
Vacancy Rate	↘	7-9%	10.3%	8.0%	8.1%	8.9%	6.5%	7.3%	6.8%	6.8%	7.5%				7.8%	9.6%
Retention Rate	↗	82-84%	97.9%	96.7%	94.9%	93.6%	92.0%	89.6%	87.8%	85.1%	83.1%				77.5%	85.1%
SERVICE																
Patient Experience	↗	81-83%	84.1%	90.5%	88.0%	89.8%	86.3%	85.9%	89.8%	84.5%	83.5%				86.9%	81.0
QUALITY																
Hospital Readmission Rate	↘	10-12%	20.0%	8.2%	6.6%	7.0%	8.1%	7.4%	4.9%	10.9%	18.4%				10.1%	11.9%
Nursing Home Readmission Rate	↘	10-12%	14.8%	4.2%	12.8%	16.7%	9.1%	6.3%	15.8%	28.0%	14.8%				13.0%	11.4%
Nursing Home Star Rating - MVCC	↗	4 Stars	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★				★★★★	★★★
Nursing Home Star Rating - Pine Crest	↗	4 Stars	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★				★★★★	★★★★
Zero Harm - Patients	↘	Monitoring	0.69	0.65	0.49	0.78	1.07	0.81	1.02	0.66	0.49				0.74	0.64
Zero Harm - Employees	↘	Monitoring	1.08	0.00	4.70	3.16	3.27	3.16	2.07	6.25	3.07				2.84	3.60
Out of County Placements	↘	220 per month	483	360	229	232	287	185	267	226	243				279	320
Hospital Length of Stay - NCHC	↘	Monitoring	6.34	6.15	5.99	5.88	5.78	4.68	5.22	5.10	4.45				5.51	5.86 Days
Hospital Length of Stay - Diversions	↘	Monitoring	10.85	13.39	12.74	10.07	7.38	17.06	7.96	10.08	11.19				11.19	7.45 Days
COMMUNITY																
No Show Rate (OP/Psychiatry)	↘	8-10%	20.1%	18.1%	18.1%	18.9%	17.8%	19.9%	18.8%	18.3%	17.4%				18.6%	12.9%
Hospitalization Rate	↘	Monitoring	1.36%	1.19%	1.29%	1.05%	1.31%	1.26%	1.37%	1.31%	1.14%				1.26%	/
FINANCE																
Direct Expense/Gross Patient Revenue	↘	60-62%	71.8%	70.2%	70.0%	76.2%	72.3%	66.8%	75.4%	70.3%	78.9%				72.4%	71.1%
Indirect Expense/Direct Expense	↘	39-41%	35.8%	38.8%	37.9%	40.1%	42.1%	41.9%	38.8%	39.5%	37.2%				39.0%	33.5%
Average Cost Per Day	↘	\$67,000-\$70,000	\$81,197	\$82,542	\$73,304	\$94,807	\$79,437	\$75,220	\$97,104	\$79,838	\$107,002				\$85,200	\$76,395
Net Income	↗	2-3%	-3.8%	-2.6%	-2.5%	7.4%	8.4%	-0.2%	-3.8%	12.2%	-12.6%				0.4%	-4.5%

↗ Higher rates are positive

↘ Lower rates are positive

## DASHBOARD MEASUREMENT OUTCOME DEFINITIONS AND DETAILS

### PEOPLE

Vacancy Rate

Monthly calculation: total number of vacant FTE at month end divided by the total authorized FTE as of month end.  
YTD calculation: Average of each monthly vacancy rate.

Retention Rate

Monthly calculation: total number of employees onboard as of January 1 divided by the number of the same employees employed at month end.  
YTD calculation: Projected ending balance as of year end based upon assumed same percentage decline as average of prior months.

### SERVICE

Patient Experience

Press Ganey - Likelihood of your recommending this facility to others  
Mean Score

### QUALITY

Hospital Readmission Rate

Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis.  
*Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative*

Nursing Home Readmission Rate

Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions.  
*Benchmark: American Health Care Association/Centers for Medicare & Medicaid Services (AHCA/CMS)*

Nursing Home Star Rating

Star rating as determined by CMS Standards for both Pine Crest and MVCC.

Zero Harm Patients

Patient Adverse Event Rate: # of actual harm events that reached patients/number of patient days x1000

Zero Harm Employee

Monthly calculation: # of OSHA reportables in the month x 200,000/payroll hours paid within the month.  
YTD calculation: # of OSHA reportables YTD x 200,000/payroll hours paid YTD.

Out of County Placement

Number of involuntary days that patients spend in out of county placements who have discharged in month of report.

Hospitalization Length of Stay - NCHC

Average length of stay for patients on the NCHC psychiatric hospital unit who have discharged in month of report.

Hospitalization Length of Stay - Diversions

Average length of stay for patients on out-of-county placements that have discharged in month of report.

### COMMUNITY

No Show Rate

Average daily same day cancellation and no-show rate for outpatient counseling or psychiatry patients.

Hospitalization Rate

The number of active patients of any mental health service (Crisis, Community Treatment, Counseling, Psychiatry, IOP/Day Treatment, MMT, Crisis CBRF) who are hospitalized for psychiatric needs within current month, divided by all active patients for those services.

### FINANCE

Direct Expense/Gross Patient Revenue

Percentage of total direct expense compared to gross revenue.

Indirect Expense/Direct Revenue

Percentage of total indirect expenses compared to direct expenses.

Average Cost Per Day

Total expenses less net patient revenue (billed revenue) divided by the total days in the specified period.

Net Income

Net earnings after all expenses have been deducted from revenue.

2020 - Primary Dashboard Measure List

↗ Higher rates are positive  
↘ Lower rates are positive

Department	Domain	Outcome Measure	↕	2019	Benchmark	Target Level	2020 YTD Agg
North Central Health Care	People (Current Filled FTE / Open FTE) (773/59)	Vacancy Rate	↘	9.6%		7-9%	7.8%
		Retention Rate	↗	85.1%		82-84%	77.5%
	Service	Patient Experience	↗	81.0		81-83%	86.9%
	Quality	Hospital Readmission Rate	↘	11.9%		10-12%	10.1%
		Nursing Home Readmission Rate	↘	11.4%		10-12%	13.0%
		Nursing Home Star Rating - MVCC	↗	★★		4 Stars	★★★
		Nursing Home Star Rating - Pine Crest	↗	★★★		4 Stars	★★★
		Zero Harm - Patients	↘	0.64		Monitoring	0.74
		Zero Harm - Employees	↘	3.60		Monitoring	2.84
		Out of County Placements	↘	320	/	220 per month	279
		Hospital Length of Stay - NCHC	↘	5.86 Days		Monitoring	5.51
		Hospital Length of Stay - Diversions	↘	7.45 Days		Monitoring	11.19
	Community	No Show Rate	↘	12.9%		8-10%	18.6%
		Hospitalization Rate	↘	/	/	Monitoring	1.26%
	Finance	Direct Expense/Gross Patient Revenue	↘	71.1%	/	60-62%	72.4%
		Indirect Expense/Direct Expense	↘	33.5%	/	39-41%	39.0%
		Average Cost Per Day	↘	\$76,395	/	\$67,000-\$70,000	\$85,200
		Net Income	↗	-4.5%	/	2-3%	0.4%

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Clubhouse	People (3/0)	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	66.7%
	Service	Patient Experience	↗	81-83%	93.7%
	Quality	Zero Harm - Patients	↘	Monitoring	0.01
		Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Net Income	↗	\$652 - \$978 per month	(\$2,413)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Community Treatment	People (84/1)	Vacancy Rate	↘	7-9%	1.9%
		Retention Rate	↗	82-84%	81.6%
	Service	Patient Experience	↗	81-83%	90.1%
	Quality	Zero Harm - Patients	↘	Patients	0.10
		Zero Harm - Employees	↘	Employees	2.84
	Community	Hospitalization Rate	↘	Monitoring	1.41%
	Finance	Net Income	↗	\$21,802 - \$32,703 per month	\$100,782

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Crisis & CBRF	People (35/5)	Vacancy Rate	↘	7-9%	7.9%
		Retention Rate	↗	82-84%	65.7%
	Service	Patient Experience	↗	81-83%	82.1%
	Quality	Zero Harm - Patients	↘	Patients	15.39
		Zero Harm - Employees	↘	Employees	2.84
	Community	Hospitalization Rate	↘	Monitoring	2.61%
	Finance	Net Income	↗	\$6,091 - \$9,136 per month	(\$10,339)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Hospital	People (44/6)	Vacancy Rate	↘	7-9%	19.5%
		Retention Rate	↗	82-84%	60.8%
	Service	Patient Experience	↗	81-83%	82.2%
	Quality	Hospital Readmission Rate	↘	10-12%	10.1%
		Zero Harm - Patients	↘	Monitoring	4.55
		Zero Harm - Employees	↘	Monitoring	2.84
		Out of County Placements	↘	220 per month	279
		Hospital Length of Stay - NCHC	↘	Monitoring	5.51
		Hospital Length of Stay - Diversions	↘	Monitoring	11.19
	Finance	Net Income	↗	\$11,341 - \$17,012 per month	(\$179,369)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
MMT	People (0/0)	Vacancy Rate	↘	5-7%	7.5%
		Retention Rate	↗	82-84%	77.7%
	Service	Patient Experience	↗	81-83%	83.0%
	Quality	Zero Harm - Patients	↘	Monitoring	0.00
		Zero Harm - Employees	↘	Monitoring	2.84
		Hospitalization Rate	↘	Monitoring	4.36%
	Finance	Net Income	↗	\$2,594 - \$3,892 per month	(\$33,821)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Outpatient	People (22/4)	Vacancy Rate	↘	7-9%	10.2%
		Retention Rate	↗	82-84%	68.3%
	Service	Patient Experience	↗	81-83%	90.9%
	Quality	Zero Harm - Patients	↘	Monitoring	0.19
		Zero Harm - Employees	↘	Monitoring	2.84
	Community	No Show Rate	↘	8-10%	20.5%
		Hospitalization Rate	↘	Monitoring	0.84%
	Finance	Net Income	↗	\$5,774 - \$8,661 per month	(\$16,174)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Psychiatry	People (21/2)	Vacancy Rate	↘	5-7%	1.3%
		Retention Rate	↗	82-84%	100.0%
	Service	Patient Experience	↗	81-83%	71.2%
	Quality	Zero Harm - Patients	↘	Monitoring	0.00
		Zero Harm - Employees	↘	Monitoring	2.84
	Community	No Show Rate	↘	8-10%	16.2%
		Hospitalization Rate	↘	Monitoring	1.15%
	Finance	Net Income	↗	\$10,386 - \$15,578 per month	(\$42,286)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Day Services	People (29/0)	Vacancy Rate	↘	7-9%	0.5%
		Retention Rate	↗	82-84%	82.0%
	Service	Patient Experience	↗	81-83%	98.0%
	Quality	Zero Harm - Patients	↘	Monitoring	1.10
		Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Net Income	↗	\$6,481 - \$9,721 per month	(\$33,713)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Residential Group Homes	People (26/1)	Vacancy Rate	↘	7-9%	9.4%
		Retention Rate	↗	82-84%	90.1%
	Service	Patient Experience	↗	81-83%	94.6%
	Quality	Zero Harm - Patients	↘	Monitoring	0.90
		Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Net Income	↗	\$3,463 - \$5,195 per month	\$35,983

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Residential Services	People (28/3)	Vacancy Rate	↘	7-9%	12.4%
		Retention Rate	↗	82-84%	96.5%
	Service	Patient Experience	↗	81-83%	93.1%
	Quality	Zero Harm - Patients	↘	Monitoring	1.11
		Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Net Income	↗	\$3,845 - \$5,768 per month	\$6,870

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Aquatic	People (7/0)	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	87.9%
	Service	Patient Experience	↗	81-83%	98.3%
	Quality	Zero Harm - Patients	↘	Monitoring	0.17
		Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Net Income	↗	\$2,275 - \$3,413 per month	(\$3,763)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
MVCC	People (157/16)	Vacancy Rate	↘	7-9%	11.5%
		Retention Rate	↗	82-84%	73.6%
	Service	Patient Experience	↗	81-83%	86.7%
	Quality	Nursing Home Readmission Rate - MVCC	↘	10-12%	11.7%
		Nursing Home Star Rating - MVCC	↗	4 Stars	★ ★ ★
		Zero Harm - Patients	↘	Monitoring	0.41
		Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Net Income	↗	\$38,717 - \$58,705 per month	\$123,247

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Pine Crest	People (128/13)	Vacancy Rate	↘	7-9%	8.4%
		Retention Rate	↗	82-84%	78.8%
	Service	Patient Experience	↗	81-83%	80.8%
	Quality	Nursing Home Readmission Rate - Pine Crest	↘	10-12%	11.5%
		Nursing Home Star Rating - Pine Crest	↗	4 Stars	★ ★ ★
		Zero Harm - Patients	↘	Monitoring	1.68
		Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Net Income	↗	\$24,836 - \$37,253 per month	\$68,491

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Housekeeping and Laundry	People (39/4)	Vacancy Rate	↘	7-9%	7.5%
		Retention Rate	↗	82-84%	67.5%
	Quality	Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Indirect Expense/Direct Expense	↘	\$374,310 - \$393,025 per month	\$348,163

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Nutrition Services	People (46/6)	Vacancy Rate	↘	7-9%	9.9%
		Retention Rate	↗	82-84%	54.9%
	Quality	Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Indirect Expense/Direct Expense	↘	\$307,271 - \$319,410 per month	\$263,871

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Business Operations	People (10/0)	Vacancy Rate	↘	5-7%	1.0%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Indirect Expense/Direct Expense	↘	\$79,051 - \$83,004 per month	\$71,953

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Human Resources	People (6/0)	Vacancy Rate	↘	5-7%	1.9%
		Retention Rate	↗	82-84%	73.3%
	Quality	Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Indirect Expense/Direct Expense	↘	\$66,540 - \$69,867 per month	\$53,880

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Informatics	People (15/0)	Vacancy Rate	↘	5-7%	3.6%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Indirect Expense/Direct Expense	↘	\$233,098 - \$244,753 per month	\$218,275

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Marketing & Communication	People (4/0)	Vacancy Rate	↘	5-7%	2.3%
		Retention Rate	↗	82-84%	77.7%
	Quality	Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Indirect Expense/Direct Expense	↘	\$30,969 - \$32,518 per month	\$29,094

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Organizational Development	People (3/0)	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Indirect Expense/Direct Expense	↘	\$48,344 - \$50,751 per month	\$33,896

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Patient Access Services	People (18/0)	Vacancy Rate	↘	5-7%	0.6%
		Retention Rate	↗	82-84%	83.3%
	Quality	Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Indirect Expense/Direct Expense	↘	\$57,705 - \$60,590 per month	\$52,363

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Patient Financial Services	People (14/0)	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Indirect Expense/Direct Expense	↘	\$70,757 - \$74,295 per month	\$65,314

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Pharmacy	People (11/0)	Vacancy Rate	↘	5-7%	1.1%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Net Income	↗	\$10,804 - \$16,206 per month	\$17,375

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Transportation	People (7/0)	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Net Income	↗	\$720 - \$1,080 per month	\$8,811



## Dashboard Executive Summary

### October 2020

#### Organizational Dashboard Outcomes

##### People

###### ❖ **Vacancy Rate**

The Vacancy Rate target range for is 7.0-9.0%. We were within our vacancy target for the month of September at 7.5% as well as with our YTD projection at 7.8%. We continue to have strong recruitment numbers, averaging 32 hires per month.

###### ❖ **Employee Retention Rate**

The Employee Retention Rate target range for 2020 is 82.0 – 84.0%. We were tracking towards a 77.5% YTD rate which remains below target. We continue to develop initiatives to increase retention and have brought these strategies to our Management Team to implement. With a diminished ability to have our normal engagement with new employees, we are seeing higher than normal first year turnover rate increases. Employee pulse surveys are a tool to find out engagement level and health of our workforce, we completed our third pulse survey in early September with plans to compare the results to our July survey to track progress and trending data.

##### Service

###### ❖ **Patient Experience**

NCHC Patient Experience target is 81-83%. We are measuring patient experience via mean score of responses to the likelihood of recommending this facility to others. For the month of September, we did exceed our target at 83.5% bringing us to YTD at 86.9%. We are continuing to see slight decreases each month with September being our lowest month YTD and several programs that did not meet the targets. Items that received lower than usual ratings are related to patient perception of staffing, cleanliness, activities offering, and dining-mostly operational and policy changes related to Covid-19.

##### Quality

###### ❖ **Hospital Readmission Rate**

The Readmission Rate is a percentage of patients who are re-hospitalized within 30 days of admission from the inpatient behavioral health hospital for patients with mental illness as primary diagnosis. During COVID, we are continuing to see month-to-month variability in readmissions. YTD, we are within target at 10.1%, however in September, the rate spiked to 18.4% due to one adult and one youth who each had several readmissions and lower overall admissions for the unit for the month. The adult patient is newer to NCHC and presented with significantly impaired coping abilities, but now has case management and medication monitoring services in place. The youth and family have many services through NCHC and Social Services, however the family continues to struggle to meet the youth's needs. We anticipate that the additional youth program offerings will positively impact this youth and others.

❖ **Nursing Home Readmission Rate**

The nursing home readmission rate is based on the number of residents re-hospitalized within 30 days of admission to the nursing home. The combined rate for September between the two facilities was a readmission rate of 14.8% and year to date we are slightly over target with a 13% readmission rate. This increase was more of a relative outcome change versus an absolute increase in total number of readmissions. Readmission rate performance in September was driven by Pinecrest which is due to their COVID outbreak.

❖ **Nursing Home Star Rating - MVCC**

We have a target of 4 Stars for both buildings using the Nursing Home Star Rating as determined by CMS standards. The current rating is a 3 star as of September. Due to new Covid-19 guidelines, CMS and the State of Wisconsin have suspended many sections of the 5-star report which affects our ability to impact this rating until the moratorium is lifted. Mount View remains in its annual certification window. Currently, there is no plan for annual certifications per DHS. The rating won't change for the remainder of the year.

❖ **Nursing Home Star Rating – Pine Crest**

No change since prior reporting. Pine Crest remains to be rated as an overall 3-star facility. The quality metric domain resides at a 4-star rating. As stated above for MVCC, we do not anticipate any change to the overall star rating for the remainder of the year.

❖ **Zero Harm – Patient**

The Zero Harm rates are a monitoring measure for the organization meaning that we do not set a target and instead watch for trending. The Patient Adverse Event Rate is calculated by the number of actual harm events that reached patients/number of patient days x 1,000. For the month of September, our rate was at 0.49, down from the previous month of 0.66 leading to a year to date rate of 0.74. We are monitoring our falls and continuing with suicide prevention as these occurrences remain the primary driver of this rate.

❖ **Zero Harm – Employees**

Year to date we are averaging 2.84 as our harm rate which is an improvement when compared to 2019 where we averaged a 3.60 harm rate. We are also developing a new employee injury and illness reporting tool in SafetyZone that will continue to aide in early identification and intervention opportunities.

❖ **Out of County Placements**

We continue to move closer to the target of 220 diversion days per month. This is a vast improvement, and we expect it to improve further with the opening of the Youth Hospital. Out of county placements were high in September due to positive COVID cases (1 patient, 2 staff) in our own hospital halting admissions for one week. This resulted in 8 diversions in that time. The YTD average is 279, with September days at 243. A significant portion of our out of county placements are youths, which should be alleviated with the opening of the Youth Hospital. Further, 1-2 monthly are generally geriatric patients, which are typically diverted as well due to more complex care needs.

❖ **Hospital Length of Stay – NCHC**

Hospital length of stay is 5.51 days YTD, which is in line with 2019, and an appropriate average length of stay for inpatient level of stabilization. September was 4.45 days which was down slightly from 5.10 the previous month.

❖ **Hospital Length of Stay – Diversions**

Diverted patients have an average of 11.19 days in 2020 YTD. We continue to see geriatric cases which necessitate Ch. 51 detentions for initial stabilization, with later conversion to 51.67/55—these stays often reach the 30-day maximum once converted.

**Community**

❖ **No-Show Rate (OP/Psychiatry)**

The No-Show Rate is reflective of the average daily same day cancellation and no-show rate for outpatient counseling and psychiatry patients. The target established for 2020 is 8-10%. September's rate was 17.4% leading to an YTD rate of 18.6%. A policy and procedure was implemented in July to allow for alternate service options for clients who repetitively do not show for their scheduled appointments and we have begun the Open Access Clinic which accepted its first patient on 7/20/20. We continue to monitor the programs initial impacts and are anticipating no show rates to decline as the new policy is enforced.

❖ **Hospitalization Rate**

Hospitalization Rate is a new monitoring measure for 2020 which measures the percentage of active patients of any mental health service who are hospitalized for psychiatric needs within the current month, divided by all active patients for those services. September's monitoring outcome was 1.14% which is down slightly from the previous month of 1.31% leading to overall rate of 1.26%.

**Finance**

❖ **Direct Expense/Gross Patient Revenue**

This measure looks at percentage of total direct expense to gross patient revenue which is essentially a productivity/efficiency measure. The 2020 target is 60-62%. This measure for September is 78.9%. This outcome is not within target range. The primary driver for the unfavorable result gross revenue being well under budget due to Covid related volume changes, with expenses haven't moved in direct correlation.

❖ **Indirect Expense/Direct Expense**

Indirect Expense/Direct Expense is the percentage of total indirect expenses compared to direct expenses and the 2020 target is 39-41%. The outcome for September is 37.2%, which is favorable to the target. Support areas continue to stay below the budget targets on an expense basis.

❖ **Average Cost Per Day**

The measure is the total expenses less net patient billed revenue divided by the total days in the period. This helps to evaluate the cost per day that remains after all billed revenue is applied, as the remaining balance is covered by grants and levy. Volumes not hitting targets also negatively impact this outcome when expense reductions do not follow to the same degree. The target is \$67,000-\$70,000 per day. For September, the average cost per day outcome is \$107,002 which highlights an operational inefficiency. This measure is unfavorable year-to-date as billed revenue has not kept pace with expenses.

❖ **Net Income**

Net Income is the net earnings after all expenses have been deducted from revenue. The target for 2020 is 2-3% and year to date we are at 0.4%. For September, the measure is -12.6% due to large volume drops and expense increases due to COVID outbreaks.

## Program-Specific Dashboard Outcomes - items not addressed in analysis above

The following outcomes reported are measures that were not met target (red) at the program-specific level for the month. The 2020 YTD indicator may be red but if there is no narrative included in this report, that means the most recent month was back at target while the YTD is not. They do not represent all data elements monitored by a given department/program, only the targets that were not met for the month.

### **Human Service Operations**

#### ❖ **Clubhouse:**

- Retention Rate: Target is 82-84% - YTD is 66.7%. Clubhouse remains open and operational. Member participation remained steady with our average daily attendance improved to 20. Clubhouse will continue to have a vacancy for the remainder of the year. There is no justification to fill the position currently.
- Net Income: For the year Clubhouse revenue remains below target. Target is \$652 to \$978. YTD is (\$2,413). Participation remains steady despite COVID-19. Productivity for staff is above our monthly target, however much of our active membership remains non-CCS clients and therefore not billable. Clubhouse received 6 referrals, had 6 tours, and 5 returning members for the month of September. Active membership is down slightly to 105 from 113 the previous month. Staff are continuing collaboration efforts with Community Treatment, Inpatient, Outpatient, and the CBRF to advocate for clients who need our services.

#### ❖ **Community Treatment**

- Retention Rate: The 81.6% YTD outcome is a calculated rate that is forecasting based on what the final year to date would be if terminations remained constant. The monthly outcomes have exceeded the target throughout 2020. We continue to use the Employee Pulse Survey results to inform opportunities to support employee engagement as a leading indicator for retention.

#### ❖ **Crisis & CBRF**

- Retention Rate: In September, the CBRF had one individual take a position with the Youth Hospital, and one individual move out of the area. Internal applicants from the nursing home programs interviewed for the open positions, and accepted offers. Crisis managers are utilizing monthly 1:1 meetings with each professional to work on professional development plans to improve the collaboration between each professional and his/her managers.
- Net Income: Net Income has been affected negatively by the Crisis CBRF yielding a loss for three months running, which is not typical for the CBRF historically. Crisis most often yields a loss, despite productivity numbers being met, however CBRF usually offsets that loss. In July-September, the census was lower than typical due to COVID fluctuations. It has picked back up more recently. Also, we have seen a significant increase in private insurance individuals coming to the CBRF from our adult inpatient hospital and the private insurance is often not covering CBRF services. In addition, an audit found a billing error that spanned since July that required a revenue adjustment.

#### ❖ **Hospital**

- Vacancy Rate: The hospital vacancy rate was 15% in September, with three open RN positions in the PM shift, and one full- and one part-time Behavioral Health Tech openings for the overnight shift. Two RN interviews occurred last week, with offers being extended.
- Retention Rate: The hospital retention rate continues to be an area of struggle, with percentages in the

seventies since May. In September, two RNs resigned due to personal circumstances. The focus for this unit will continue to target improved employee orientation processes and staff education and support.

- Out of County Placements: This is referenced above in NCHC's organizational dashboard results overview.
- Net Income: Net income for the hospital continues to be a struggle as the census varies with far more range than was typical prior to COVID. The admissions were halted for one week in September, due to a positive COVID test for a patient, as well as two staff. All cases were determined to be most likely from outside sources, and unrelated to one another and the wearing of basic PPE and the standard handwashing practices have proven successful. Still, this issue had the census decrease down to 3 patients until the unit was reopened for admissions.

❖ **Medically Monitored Treatment (MMT)**

- The Medically Monitored Treatment program has been suspended due to Covid. The data being reported is prior to or as lag due the temporary suspension.

❖ **Outpatient**

- Retention Rate: The 68.3% outcome is a calculated rate that is forecasting based on what the final year to date would be if terminations remained constant. We continue to use the Employee Pulse Survey results to inform opportunities to support employee engagement.
- No Show Rate: The target is 8-10%, with September being 18.7% and YTD being 20.5%. A No Show policy and procedure was implemented in July and as result, we have seen the no show rate trending down since June.
- Net Income: The target is \$5,774-\$8,661, with September being (\$29,654). YTD remains below target at (\$16,174). Expenses are being managed, but revenue is below target. The impact of no shows continues to have a negative impact on revenue. A second factor that is impacting soft revenue is that we have two new employees that are currently building a caseload.

❖ **Psychiatry**

- Patient Experience: The target is 81-83%, with September being 62.5% with a YTD rate of 71.2%. There continues to be a low return rate of surveys specific to psychiatry services. This is believed to be a factor in high fluctuation of results. Actions will be developed to increase survey return rate.
- No-Show Rate: The target is 8-10%, with September being 15.5% and YTD being 16.2%. A No Show policy and procedure was implemented in July and the no-show rate has been trending down since June. We continue to accept patients into the new Open Access client to help with this measure.
- Net Income: The target is \$10,386-\$15,578, with September being (\$95,527) and YTD at (\$42,286). The efforts to maximize scheduling grid utilization are continuing with the goal of increasing revenue.

❖ **Day Services**

- Net Income: September's Net Income is negative at (\$71,255) and YTD negative at (\$33,713). Day Services continues to struggle with membership returning for programming due to the pandemic. The largest impacts exist with our Merrill location due to members who are a vulnerable, at risk population health wise, are continuing to opt for staying at home rather than attending programming. Current membership return rate is only at 34 percent. Current staffing vacancies are being held at this time in attempt to reduce expenditures to offset loss of revenue. In addition, production has been reduced due to slow orders and reduced workforce. In attempt to maintain subcontracts, Merrill production demands are being shipped to the Wausau workforce.

❖ **Residential Group Home**

- Vacancy rate: For September, we had a positive outcome of 2.0% however our YTD remains at 9.4% which is not within the target of 7-9%. In order to drive promotion and marketing of vacant positions a two-week radio ad was ran which was successful in generating a short-term increase in the application pool. However, upon ending of the ad run, we have once again seen a decrease in the number of applicants. We continue other recruitment efforts with online hiring platforms like Indeed. The strongest recruiting efforts continue to be direct workforce referrals and direct recruitment in the community by leadership with community interaction and networking. The residential management team will circulate with new hires recently on-boarded to connect and review our referral bonus program and to build new connections and leads in recruitment efforts.

❖ **Residential Services**

- Vacancy Rate: For the first time this year, Residential Services vacancy rate saw a positive outcome of 8.7%, however our YTD remains at 12.4% which is outside of our target of 7-9%. We are utilizing several of the same actions as listed above to continue to impact this measure.

**Nursing Home Operations**

❖ **Aquatic Services**

- The Net Income target for Aquatic Services is \$2,275 - \$3,413 per month. September's net income was below target at (\$7,078). Net income YTD remains negative at (\$3,763) below target. Due to an increase in COVID cases in the community, the Aquatics program has seen a reduction in services.

❖ **MVCC Overall**

- Vacancy Rate: The month of September showed a 10.2% vacancy rate with a target range of 7-9%. Year to date we have reduced our rate to 11.5% which is above target and showing continual reduction. Focus remains on accommodating changes with our student's fulltime equivalent statuses when returning to school and ongoing recruitment to fill those openings in November. We are seeing increased resignations due to COVID-related concerns. Currently, we are no longer able to participate in the emergency CNA course training due to current state survey results which is anticipated to negatively impact our efforts in this area.
- Retention Rate: For the month of September, our retention rate fell below target for the first time this year at 80.2% and YTD at 73.6%. We had 7 resignations for the month of September: 1 occasional nurse instructor, 2 hospitality assistants, 3 nurse aides and 1 occasional Respiratory Therapist. 3 of the 7 resignations were related to employees not meeting their occasional requirements and one of the hospitality assistants resigned during orientation. The Mount View team continues to focus on retention looking for ways to reduce caregiver burnout and improve work life balance for these high turnover positions.

- Nursing Home Star Rating: Nursing Home Star Rating for Mount View remains a 3 Star. Annual surveys have been limited due to the COVID pandemic and to date, there has been no update to when the State will resume annual certifications.

#### ❖ **Pine Crest Overall**

- Retention Rate: Current YTD rate is at 78.8%, below the target of 82-84%. Five total employees left during the month of September with three being voluntary, one being involuntary, and one being a retirement. It had been identified the month prior that there were at least seven “casual” status staff that did not meet the requirements of this status and were therefore recently removed. This has contributed to the adverse retention metric YTD. Moving forward, we will reduce the practice of actively hiring “casual” status employees. Also, this month, we reintroduced the Employee Recruitment & Retention Committee to address feedback learned from the Pulse Surveys to positively impact this measure.
- Patient Experience: Scores continued to trend down for the month of September at a score of 72.2%, YTD of 80.8%. Concerns presented during the month were identified to be isolated in nature but included concerns related to laundry services as well as dissatisfaction with the process of reviewing finances and insurance with residents/families. To address, we will have additional washers and dryers installed in-house, which will assist in personal laundry not needing to go offsite and are working on the admissions process to correct the finance related concern.
- Nursing Home Star Rating: This report out remains unchanged from the month prior. Pine Crest continues to be rated as an overall 3-star facility. As an ongoing review we are not anticipating an increase to the overall star rating for the remainder of the year based on a citation received in 2019.
- Average Net Income: For the month of September, a negative net income of \$201,816 was experienced, with a positive net income of \$616,423 YTD. Payer mix continued to be less than favorable for the month, which attributed to the unfavorable overall variance. Wages continue to remain high relative to occupancy based on the ongoing management of the pandemic. Controllable costs, such as food and nursing supplies, continue to trend significantly below budget to account for census.

### **Support Programs**

#### ❖ **Nutrition Services**

- Vacancy & Retention Rate: Nutrition Services retention rate remains off target year to date. Turnovers continue to vary between people being promoted internally and external losses usually to non-healthcare organizations. As stated in the overall NCHC dashboard a new strategy has been formulated and implementation started early July which will have already shown improvement to these numbers.

#### ❖ **Human Resources**

- Retention Rate: We had one employee turnover our Human Resources Coordinator as a result the retention rate was not achieved. This position has been filled and the program has no further vacancies, with no further vacancies the retention number should improve over the remainder of the year.

#### ❖ **Marketing & Communication**

- Retention Rate: There has been no fluctuation in the program’s retention and due to the size of the team, the two earlier employee departures will continue to impact the overall annual retention rate for the remainder of the year. The plan is to charge forward with a focus on retaining the staff we currently have by increasing communication and recognition and ensuring processes are smooth and predictable.

## MEMORANDUM

DATE: October 23, 2020  
TO: North Central Community Services Program Board  
FROM: Dr. Robert Gouthro, Chief Medical Officer  
RE: CMO Report

---

The following items are general updates and communications to support the Board on key activities and/or updates since our last meeting:

1) **Residency & Education:**

- ~600 applicants, of which 240 are US graduates, have applied for our 3 residency positions as of October 21st. This is an increase in US graduates from openings days of the past recruitment seasons, and a strong International Medical Graduate number given visa fears and the Covid Situation.
- Dr. Butterworth's evidence based trauma clinic has officially started.
- Monthly Faculty Development activities, borne from a collaboration with the Green Bay Program, will begin Jan 2021.

2) **Patient Care and Provider Quality (Behavioral Health):**

- DBT training planning is complete, and a December implementation date is planned.
- The Open Access Medication Management Clinic continues to address patient access and continuity of care issues. As an example, 5 post discharge patient appointments were scheduled during the week of October 19<sup>th</sup> allowing for a decrease in loss of follow-up secondary to provider availability.
- Open Access therapy groups have shown early success in regards to providing adjunctive treatment to those in need. Immediate access to this clinic enhances both patient access and care quality.
- Recruitment for an Outpatient Clinical Director to assist with program development, direct patient care, provider education, and therapy supervision is currently under way. A psychologist will be returning for a third (and hopefully final) interview prior to this scheduled Board Meeting.
- Janelle Hintz, Director of Outpatient Services shares the IPS (Individual Placement and Support) team has reconvened after temporary Covid redeployments. Now they have gracefully transitioned back to employment and the September employment rate was 58% (this is the highest it has been YTD).
- The Youth Hospital is now open!
- An extended Medical Staff Update will be provided during this month's Board Meeting which will further discuss NCHC behavioral health care service and provider quality.





## MEMORANDUM

DATE: October 20, 2020  
TO: North Central Community Services Program Board  
FROM: Thomas Boutain, Information Services Executive  
RE: Monthly IS Report

---

The following items are general updates and communications to support the Board on key activities and/or updates of Information Services since our last meeting:

1. **Cerner Millennium Behavioral Health Electronic Medical Record (EMR)**

**Implementation Update:** Through its foundational EMR, Cerner's work with NCHC will help facilitate integrated care across its mental and behavioral health services including psychiatric, emergency, rehabilitation, community treatment, and more.

The high-level timeline below was drafted to assist leaders and staff with planning/preparation for the targeted Millennium Go Live in January 2021. Based on checkpoint evaluations between Cerner and NCHC at numerous key project stages, and as the COVID-19 pandemic landscape evolves, orders/guidelines at various local and national levels may also influence this timeline and Go Live date.

- **Data Collection - June/July 2020 – Completed**

Please see September 2020 notes for details.

- **System Design & Build - July/September 2020 - In Progress**

Data collection gathering is wrapping up and our Cerner consultants have begun to set the stage for transitioning our conversations to system design and build. NCHC and Cerner teams will collaborate to complete system configuration in preparation for the Future Sate Workflow Review event.

- *Cerner Consultants (e.g. Clinical, Core, Patient Accounting/Finance, and Registration/Scheduling) are utilizing the data collected to build our training environment and are regularly seeking clarification/feedback from our IMS team to confirm understanding.*
- *Additional data gathering, during the iterative System Design & Build phase, continues through the introduction of some new Data Conversion Workbooks and by revisiting others.*

- **Future State Workflow Review** - September/October 2020 – **Scheduled**  
 Teams will review and validate end-to-end, future-state workflows based on NCHC's configuration, and review points of workflow integration with other departments/programs and roles.

  - *Future State Workflow Review event shifted to the first week in November to accommodate Cerner's request for a little more time to complete the build/configuration preparation of the training environment.*
  - *Cerner noted that at this time, they did not anticipate the Future State Workflow event date shift would require other implementation timeline adjustments and will continue to evaluate.*
- **Super User Training** - October/November 2020 - **Planning**  
 IMS, Super Users, and department leaders will walk through all registration, scheduling, patient accounting, and other workflows in the system. Super Users receive training on the solution's best practice workflows, as seen in the Future State Workflow Review event, to prepare them to lead End User training.

  - *Super Users and their respective Directors completed Super User Participation Agreements to highlight the knowledge, skills, abilities and traits needed to be a successful Super User.*
  - *An internal Super User "Kick Off" meeting is planned, in advance of the Future State Workflow Review event, to review the importance of the Super User role in the implementation and set the stage for expectations/involvement moving forward.*
- **Integration Testing & Data Migration** - December 2020  
 Teams will test and confirm data flows between integrated system as expected and successfully migrate applicable data from legacy system (TIER) to Cerner Millennium.
- **End User Training** - December 2020/January 2021  
 Cerner collaborates with NCHC on the development of End User training plans. Super Users deliver End User training to staff to prepare them for using Cerner Millennium. End Users are required to receive training prior to using the system.
- **Conversion Prep & User Training** - January 2021  
 Information Management Systems (IMS) receives User Management training to support and manage user accounts. Cerner will provide the IMS team the knowledge/tools to perform system maintenance tasks and prepare the production environment, staff, and devices for Go Live. Overall readiness assessment for Go Live event conducted.
- **Go Live** - January 2021  
 Teams will begin using Cerner Millennium to register and schedule patients who need to receive care on or after the Go Live date and ensure all needed information is available in the new system. Once fully prepared for Go Live, all staff will begin registering, scheduling, charting, and completing all day-to-day tasks in Millennium.
- **Post Launch Health Checks** – February/March/April 2021  
 At 30, 60, and 90 days post Go Live, Cerner and the NCHC team will evaluate/document End User and organizational satisfaction, gather opportunities for improvement based on feedback/usage metrics, and as needed, establish short and long-term action plans.

2. **Information Management System (IMS) Update:** Our team is focused on Cerner electronic health record implementation. We are gearing up for a future state workflow retreat that will allow us to see all of our data collection efforts in action in the test system. With the anticipation of the Youth Hospital opening, time and attention was spent making sure that all of their hardware and software technology was in place and tested.
3. **Health Information Management (HIM) Update:** Our focus this month has been onboarding our new staff members. They are finding efficiencies in some of our processes, so we are working as a team to update our internal procedures in order to take advantage of time being saved. We did celebrate one of our team members being awarded the NCHC Outstanding Service Excellence Award and are so grateful for all of her contributions.



Provider Graig Aders, M.D. Appointment Period 01-01-2020 to 12-31-2021  
Time Period

Provider Type \_\_\_\_\_ Employee  
 \_\_\_\_\_ Locum  
X Contract

Locum Agency: \_\_\_\_\_  
 Contract Name: Aders + Associates LLC

X Privilege Reason: Add Adolescent + Child privileges 10-20-2020

\_\_\_\_\_ Category Reason: \_\_\_\_\_

\_\_\_\_\_ Type Reason: \_\_\_\_\_

## PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

### CMO RECOMMENDATION

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the amendment(s) as indicated with any exceptions or conditions documented.

Comments: \_\_\_\_\_

\_\_\_\_\_  
(Chief Medical Officer or Designee Signature)

10/23/20  
\_\_\_\_\_  
(Signature Date)

### MEC ACTION

MEC recommends that:

- ☒ The amendment(s) be approved  
☐ Action be deferred on the amendment(s)  
☐ The amendment(s) be denied

\_\_\_\_\_  
(MEC Committee or Designee Signature)

\_\_\_\_\_  
(Signature Date)

### GOVERNING BOARD ACTION

Reviewed by Governing Board: \_\_\_\_\_  
(Date)

Response: \_\_\_\_\_ Concur  
\_\_\_\_\_ Recommend further reconsideration

\_\_\_\_\_  
(Governing Board Signature)

\_\_\_\_\_  
(Signature Date)

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Signature Date)



**PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION**

**CMO RECOMMENDATION**

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Comments: \_\_\_\_\_



(Chief Medical Officer or Designee Signature)

10/23/20  
(Signature Date)

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(MEC Committee or Designee Signature)

\_\_\_\_\_  
(Signature Date)

**GOVERNING BOARD ACTION**

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(Date)

Response: \_\_\_\_\_ Concur  
                  \_\_\_\_\_ Recommend further reconsideration

\_\_\_\_\_  
(Governing Board Signature)

\_\_\_\_\_  
(Signature Date)

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Signature Date)



North Central Health Care  
Person centered. Outcome focused.

PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

Provider Dileep Borra, M.D. Appointment Period 12-01-2019 to 11-31-2020  
Time Period

Current Privileges ☐ Medical (Includes Family Practice, Internal Medicine)  
☒ Psychiatry ☐ Medical Director  
☐ Mid-Level Practitioner

Medical Staff Category ☐ Courtesy ☒ Active  
☐ Provisional ☐ Consulting

Provider Type ☒ Employee ☐ Locum Locum Agency: \_\_\_\_\_  
☐ Contract Contract Name: \_\_\_\_\_

AMENDMENT TYPE(S) REQUESTED:

☒ Privilege Reason: Add Adolescent + Child privileges 10-20-2020

☐ Category Reason: \_\_\_\_\_

☐ Type Reason: \_\_\_\_\_



**PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION**

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Comments: \_\_\_\_\_

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(Chief Medical Officer or Designee Signature)

10/23/20  
\_\_\_\_\_  
(Signature Date)

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(MEC Committee or Designee Signature)

\_\_\_\_\_  
(Signature Date)

**GOVERNING BOARD ACTION**

Reviewed by Governing Board: \_\_\_\_\_  
(Date)

Response: \_\_\_\_\_ Concur  
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\_\_\_\_\_  
(Governing Board Signature)

\_\_\_\_\_  
(Signature Date)

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Signature Date)



North Central Health Care  
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**PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION**

Provider Susan Brust, APNP Appointment Period 04-16-2020 to 11-30-2021  
Time Period

Current Privileges ☐ Medical (Includes Family Practice, Internal Medicine)  
☐ Psychiatry ☐ Medical Director  
☒ Mid-Level Practitioner

Medical Staff Category ☐ Courtesy ☒ Active  
☒ Provisional ☐ Consulting

Provider Type ☒ Employee  
☐ Locum Locum Agency: \_\_\_\_\_  
☐ Contract Contract Name: \_\_\_\_\_

**AMENDMENT TYPE(S) REQUESTED:**

☒ Privilege Reason: Add Adolescent privileges 10-20-2020

☐ Category Reason: \_\_\_\_\_

☐ Type Reason: \_\_\_\_\_

**PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION**

**CMO RECOMMENDATION**

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Comments: \_\_\_\_\_

\_\_\_\_\_  
(Chief Medical Officer or Designee Signature)

10/23/20  
\_\_\_\_\_  
(Signature Date)

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(MEC Committee or Designee Signature)

\_\_\_\_\_  
(Signature Date)

**GOVERNING BOARD ACTION**

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(Date)

Response: \_\_\_\_\_ Concur  
\_\_\_\_\_ Recommend further reconsideration

\_\_\_\_\_  
(Governing Board Signature)

\_\_\_\_\_  
(Signature Date)

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Signature Date)



# North Central Health Care

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## PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

Provider Laurence Gordon, D.O. Appointment Period 04-01-2020 to 03-31-2022  
Time Period

Current Privileges ☒ Medical (Includes Family Practice, Internal Medicine)  
☐ Psychiatry ☐ Medical Director  
☐ Mid-Level Practitioner

Medical Staff Category ☐ Courtesy ☒ Active  
☐ Provisional ☐ Consulting

Provider Type ☐ Employee  
☐ Locum Locum Agency: \_\_\_\_\_  
☒ Contract Contract Name: Aspirus

### AMENDMENT TYPE(S) REQUESTED:

☒ Privilege Reason: Add Adolescent + Child privileges 10-20-2020

☐ Category Reason: \_\_\_\_\_

☐ Type Reason: \_\_\_\_\_

**PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION**

**CMO RECOMMENDATION**

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Comments: \_\_\_\_\_

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(Chief Medical Officer or Designee Signature)

\_\_\_\_\_  
10/23/20  
(Signature Date)

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(MEC Committee or Designee Signature)

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(Signature Date)

**GOVERNING BOARD ACTION**

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(Date)

Response: \_\_\_\_\_ Concur  
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\_\_\_\_\_  
(Governing Board Signature)

\_\_\_\_\_  
(Signature Date)

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Signature Date)



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**PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION**

Provider Patrick Helfenbein, M.D. Appointment Period \_\_\_\_\_  
Time Period \_\_\_\_\_

Current Privileges \_\_\_\_\_ Medical (Includes Family Practice, Internal Medicine)  
\_\_\_\_\_ Psychiatry \_\_\_\_\_ Medical Director  
\_\_\_\_\_ Mid-Level Practitioner

Medical Staff Category \_\_\_\_\_ Courtesy \_\_\_\_\_ Active  
\_\_\_\_\_ Provisional \_\_\_\_\_ Consulting

Provider Type \_\_\_\_\_ Employee  
\_\_\_\_\_ Locum Locum Agency: \_\_\_\_\_  
\_\_\_\_\_ Contract Contract Name: \_\_\_\_\_

**AMENDMENT TYPE(S) REQUESTED:**

X Privilege Reason: Add Adolescent + Child privileges

\_\_\_\_\_ Category Reason: \_\_\_\_\_

\_\_\_\_\_ Type Reason: \_\_\_\_\_



**PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION**

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Comments: \_\_\_\_\_

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(Chief Medical Officer or Designee Signature)

10/23/20  
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(Signature Date)

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\_\_\_\_\_  
(Signature Date)

**GOVERNING BOARD ACTION**

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(Date)

Response: \_\_\_\_\_ Concur  
                  \_\_\_\_\_ Recommend further reconsideration

\_\_\_\_\_  
(Governing Board Signature)

\_\_\_\_\_  
(Signature Date)

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Signature Date)



# North Central Health Care

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## PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

Provider Robert Gouthro M.D. Appointment Period 12-12-2019 to 03-31-2021  
Time Period

Current Privileges ☐ Medical (Includes Family Practice, Internal Medicine)  
☒ Psychiatry ☐ Medical Director  
☐ Mid-Level Practitioner

Medical Staff Category ☐ Courtesy ☒ Active  
☒ Provisional ☐ Consulting

Provider Type ☒ Employee  
☐ Locum Locum Agency: \_\_\_\_\_  
☐ Contract Contract Name: \_\_\_\_\_

### AMENDMENT TYPE(S) REQUESTED:

☒ Privilege Reason: Add Adolescent + Child privileges 10-20-2020

☐ Category Reason: \_\_\_\_\_

☐ Type Reason: \_\_\_\_\_



## PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

### CMO RECOMMENDATION

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the amendment(s) as indicated with any exceptions or conditions documented.

Comments: \_\_\_\_\_  
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\_\_\_\_\_  
(Chief Medical Officer or Designee Signature)

\_\_\_\_\_  
(Signature Date)

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\_\_\_\_\_  
(Signature Date)

### GOVERNING BOARD ACTION

Reviewed by Governing Board: \_\_\_\_\_  
(Date)

Response:      \_\_\_\_\_ Concur  
                     \_\_\_\_\_ Recommend further reconsideration

\_\_\_\_\_  
(Governing Board Signature)

\_\_\_\_\_  
(Signature Date)

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Signature Date)



North Central Health Care  
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PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

Provider Kimberly Holenecke D.O. Appointment Period 06-27-2019 to 02-28-2021  
Time Period

Current Privileges ☐ Medical (Includes Family Practice, Internal Medicine)  
☒ Psychiatry ☐ Medical Director  
☐ Mid-Level Practitioner

Medical Staff Category ☒ Courtesy ☐ Active  
☐ Provisional ☐ Consulting

Provider Type ☐ Employee  
☒ Locum Locum Agency: Jackson + Coker  
☐ Contract Contract Name: \_\_\_\_\_

AMENDMENT TYPE(S) REQUESTED:

☒ Privilege Reason: Add Adolescent + Child privileges

☐ Category Reason: \_\_\_\_\_

☐ Type Reason: \_\_\_\_\_

**PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION**

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Comments: \_\_\_\_\_

\_\_\_\_\_  
(Chief Medical Officer or Designee Signature)

10/23/20  
\_\_\_\_\_  
(Signature Date)

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☐ The amendment(s) be denied

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(MEC Committee or Designee Signature)

\_\_\_\_\_  
(Signature Date)

**GOVERNING BOARD ACTION**

Reviewed by Governing Board: \_\_\_\_\_  
(Date)

Response: \_\_\_\_\_ Concur  
\_\_\_\_\_ Recommend further reconsideration

\_\_\_\_\_  
(Governing Board Signature)

\_\_\_\_\_  
(Signature Date)

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Signature Date)



North Central Health Care  
Person centered. Outcome focused.

PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

Provider Debra Knapp, APNP Appointment Period 10-01-2020 to 09-30-2022  
Time Period

Current Privileges ☐ Medical (Includes Family Practice, Internal Medicine)  
☐ Psychiatry ☐ Medical Director  
☒ Mid-Level Practitioner

Medical Staff Category ☐ Courtesy ☒ Active  
☐ Provisional ☐ Consulting

Provider Type ☒ Employee  
☐ Locum Locum Agency: \_\_\_\_\_  
☐ Contract Contract Name: \_\_\_\_\_

AMENDMENT TYPE(S) REQUESTED:

☒ Privilege Reason: Add Adolescent privileges 10-20-2020

☐ Category Reason: \_\_\_\_\_

☐ Type Reason: \_\_\_\_\_

**PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION**

**CMO RECOMMENDATION**

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Comments: \_\_\_\_\_

\_\_\_\_\_  
(Chief Medical Officer or Designee Signature)

\_\_\_\_\_  
10/23/21  
(Signature Date)

**MEC ACTION**

MEC recommends that:

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☐ Action be deferred on the amendment(s)  
☐ The amendment(s) be denied

\_\_\_\_\_  
(MEC Committee or Designee Signature)

\_\_\_\_\_  
(Signature Date)

**GOVERNING BOARD ACTION**

Reviewed by Governing Board: \_\_\_\_\_  
(Date)

Response: \_\_\_\_\_ Concur  
\_\_\_\_\_ Recommend further reconsideration

\_\_\_\_\_  
(Governing Board Signature)

\_\_\_\_\_  
(Signature Date)

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Signature Date)



North Central Health Care  
Person centered. Outcome focused.

PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

Provider George Manatt, M.D. Appointment Period 10-31-2019 to 01-31-2020  
Time Period

Current Privileges ☐ Medical (Includes Family Practice, Internal Medicine)  
☒ Psychiatry ☐ Medical Director  
☐ Mid-Level Practitioner

Medical Staff Category ☒ Courtesy ☐ Active  
☐ Provisional ☐ Consulting

Provider Type ☐ Employee  
☒ Locum Locum Agency: Jackson + Coker  
☐ Contract Contract Name: \_\_\_\_\_

AMENDMENT TYPE(S) REQUESTED:

☒ Privilege Reason: Add Adolescent + Child privileges 10-20-2020

☐ Category Reason: \_\_\_\_\_

☐ Type Reason: \_\_\_\_\_



**PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION**

**CMO RECOMMENDATION**

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the amendment(s) as indicated with any exceptions or conditions documented.

Comments: \_\_\_\_\_

\_\_\_\_\_  
(Chief Medical Officer or Designee Signature)

\_\_\_\_\_  
10/23/20  
(Signature Date)

**MEC ACTION**

MEC recommends that:

- ☒ The amendment(s) be approved
- ☐ Action be deferred on the amendment(s)
- ☐ The amendment(s) be denied

\_\_\_\_\_  
(MEC Committee or Designee Signature)

\_\_\_\_\_  
(Signature Date)

**GOVERNING BOARD ACTION**

Reviewed by Governing Board: \_\_\_\_\_  
(Date)

Response: \_\_\_\_\_ Concur  
\_\_\_\_\_ Recommend further reconsideration

\_\_\_\_\_  
(Governing Board Signature)

\_\_\_\_\_  
(Signature Date)

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Signature Date)



# North Central Health Care

Person centered. Outcome focused.

## PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

Provider Bababo Opaneye, M.D. Appointment Period 04-01-2019 to 03-31-2021  
Time Period

Current Privileges ☐ Medical (Includes Family Practice, Internal Medicine)  
☒ Psychiatry ☐ Medical Director  
☐ Mid-Level Practitioner

Medical Staff Category ☐ Courtesy ☒ Active  
☐ Provisional ☐ Consulting

Provider Type ☐ Employee  
☒ Locum Locum Agency: Daily Care, LLC  
☐ Contract Contract Name: \_\_\_\_\_

### AMENDMENT TYPE(S) REQUESTED:

☒ Privilege Reason: Add Adolescent privileges 10-20-2020

☐ Category Reason: \_\_\_\_\_

☐ Type Reason: \_\_\_\_\_



**PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION**

**CMO RECOMMENDATION**

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(Chief Medical Officer or Designee Signature)

10/23/20  
\_\_\_\_\_  
(Signature Date)

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(MEC Committee or Designee Signature)

\_\_\_\_\_  
(Signature Date)

**GOVERNING BOARD ACTION**

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(Date)

Response: \_\_\_\_\_ Concur  
\_\_\_\_\_ Recommend further reconsideration

\_\_\_\_\_  
(Governing Board Signature)

\_\_\_\_\_  
(Signature Date)

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Signature Date)



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**PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION**

Provider David Tange, M.D. Appointment Period 09-01-2020 to 08-31-2022  
Time Period

Current Privileges ☒ Medical (Includes Family Practice, Internal Medicine)  
☐ Psychiatry ☒ Medical Director  
☐ Mid-Level Practitioner

Medical Staff Category ☐ Courtesy ☒ Active  
☐ Provisional ☐ Consulting

Provider Type ☐ Employee ☐ Locum Locum Agency: \_\_\_\_\_  
☒ Contract Contract Name: Aspirus

**AMENDMENT TYPE(S) REQUESTED:**

☒ Privilege Reason: Add Adolescent privileges 10-20-2020

☐ Category Reason: \_\_\_\_\_

☐ Type Reason: \_\_\_\_\_

**PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION**

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(Chief Medical Officer or Designee Signature)

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10/23/20  
(Signature Date)

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(MEC Committee or Designee Signature)

\_\_\_\_\_  
(Signature Date)

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(Date)

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\_\_\_\_\_  
(Governing Board Signature)

\_\_\_\_\_  
(Signature Date)

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Signature Date)



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**PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION**

Provider Barbara Torgerson, PA-C Appointment Period 06-01-2020 to 05-31-2022  
Time Period

Current Privileges ☐ Medical (Includes Family Practice, Internal Medicine)  
☐ Psychiatry ☐ Medical Director  
☒ Mid-Level Practitioner

Medical Staff Category ☐ Courtesy ☒ Active  
☐ Provisional ☐ Consulting

Provider Type ☒ Employee  
☐ Locum Locum Agency: \_\_\_\_\_  
☐ Contract Contract Name: \_\_\_\_\_

**AMENDMENT TYPE(S) REQUESTED:**

☒ Privilege Reason: Add Adolescent + Child privileges 10-20-2020

☐ Category Reason: \_\_\_\_\_

☐ Type Reason: \_\_\_\_\_

**PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION**

**CMO RECOMMENDATION**

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(Chief Medical Officer or Designee Signature)

\_\_\_\_\_  
10/23/20  
(Signature Date)

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☐ The amendment(s) be denied

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(MEC Committee or Designee Signature)

\_\_\_\_\_  
(Signature Date)

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(Date)

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\_\_\_\_\_ Recommend further reconsideration

\_\_\_\_\_  
(Governing Board Signature)

\_\_\_\_\_  
(Signature Date)

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Signature Date)



# North Central Health Care

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## PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

Provider Robert Vickrey, M.D. Appointment Period 08-01-2020 to 07-31-2022  
Time Period

Current Privileges ☐ Medical (Includes Family Practice, Internal Medicine)  
☒ Psychiatry ☐ Medical Director  
☐ Mid-Level Practitioner

Medical Staff Category ☐ Courtesy ☒ Active  
☐ Provisional ☐ Consulting

Provider Type ☐ Employee  
☐ Locum Locum Agency: \_\_\_\_\_  
☒ Contract Contract Name: Wisconsin Forensic Services

### AMENDMENT TYPE(S) REQUESTED:

☒ Privilege Reason: Add Adolescent + Child privileges 10-20-2020

☐ Category Reason: \_\_\_\_\_

☐ Type Reason: \_\_\_\_\_



## PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

### CMO RECOMMENDATION

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\_\_\_\_\_  
(Signature Date)

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Signature Date)



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## PSYCHIATRY RESIDENCY & MEDICAL STAFF INITIATIVE UPDATE

Robert Gouthro, MD  
Chief Medical Officer  
October 29, 2020

001

### Medical Education

- Entering 4<sup>th</sup> year of residency education
- Entering 3<sup>rd</sup> year of medical student education
- All primary, on site providers are academic faculty
- NCHC is the central hub of the MCW Central Wisconsin Psychiatry Program
- CMO = Program Director

North Central Health Care | Medical Staff Initiatives



## Prior Academic Year

- Residents:
  - Inpatient Adult
  - Outpatient adult, limited child and therapy
  - Days of crisis observation
- Students:
  - 3-5 students per year
  - Primarily limited to observation

North Central Health Care | Medical Staff Initiatives

## Current Academic Year

- Residents:
  - Inpatient Adult:
    - Increased patient load and responsibility
    - Limit Off unit responsibilities
  - Outpatient adult
    - Increase child hours, patient encounters, and same day visits
- Students:
  - ~15 students per year
  - Engaged & Active
  - Primary MH Student Rotation Site

North Central Health Care | Medical Staff Initiatives

## Next Academic Year?

- Inpatient Adult
  - Medication
  - Therapy
- Outpatient Adult
- Inpatient Child
- Outpatient Child
- Inpatient Detox Service
- Open Access
- Gero Consult service
- Daily Crisis Coverage

North Central Health Care | Medical Staff Initiatives

## 2021 Recruitment

- ~600 applications on opening day
- ~250 US applicants on opening day
- Many with CW or overall Wisconsin ties
- No site visits
- WebEx and new outlook

North Central Health Care | Medical Staff Initiatives

## Goals for Future

- Increase Community Outreach
- Greater resident roles in operations and leadership opportunities
- Greater focus on scholarly activity for residents and faculty
- Moonlighting

North Central Health Care | Medical Staff Initiatives

## Why did I choose NCHC?

- Programing/service offerings
- Great people
- Patient centered focus
- Organization moving in the right direction
- Focus on education

North Central Health Care | Medical Staff Initiatives

## Was everything perfect?

- Outdated EMR
- Siloed Programs
- Disconnect between disciplines and services
- Operations heavy
- Reliance on locum and contract providers
- Handoffs
- Access

North Central Health Care | Medical Staff Initiatives

## Current State

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>▪ Foundational Work           <ul style="list-style-type: none"> <li>– Ethics, Peer Review, Utilization Review</li> <li>– Documentation, Billing, Coding</li> <li>– Increase services (esketamine)</li> <li>– New programs (Youth Hospital, Youth Crisis Stabilization)</li> <li>– Transition services (CBRF focus on short term care)</li> <li>– Safety (Dr. Green, CPI)</li> <li>– Interventions (DBT, Suicide Prevention, MI)</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>▪ Provider Realignment           <ul style="list-style-type: none"> <li>– APNP on IP unit</li> <li>– Solidified resident/supervisory assignments</li> <li>– C&amp;A credentialing</li> </ul> </li> </ul> |
|--|---|

North Central Health Care | Medical Staff Initiatives

## Future State

- Increase Employed Provider Staff
  - Dr. Hoppe, Dr. Yasin, Dr. Dodson
  - Continue Recruiting
- Increase Services
  - Gero Consults
  - Crisis provider coverage
  - EBT Implementation
  - MMT Restart/Replace
  - Bridging Services (improve handoffs)
- Increase Education/Residency Integration
- Increase Quality
  - Staff Development: Org & education leadership, faculty development, coding & billing
  - Increase Provider Support: Improved nursing structure/support, EMR, OP coding oversight, decrease inefficiencies
  - Organizational education: zero suicide
- Improve Patient Care
  - Provide care here, decrease handoffs, ensure least restrictive path to care, improve access

# Quality, Safety & Compliance Plan

2020 Progress Update



# Why?

- Drive Performance, Culture & Improvement
- Promotes Organization Commitments & Accountability
- Allocation of Resources
- Communication of Actions, Goals, Objectives

# Roles & Responsibilities

## Board of Directors

Ultimate Responsibility for Quality of Care  
Delegation & Allocation of Resources  
Monitors Quality Processes, Measures & Outcomes

## Executive Team

Ensures Alignment with Strategy  
Set Scope, Objectives, Priorities  
Determine Feasibility

## Medical Staff

Provide Excellent Care & Services  
Clinical Expertise  
Quality Improvement & Oversight

## Management Teams

Execute on Objectives & Measures  
Reporting  
System & Process Improvement & Review



A black and white photograph of a winding road through a forest. The road curves from the bottom left towards the upper right, disappearing into the trees. The forest is dense with various types of trees, some with bare branches and others with leaves. The text "2020 Progress" is overlaid in large, white, sans-serif font across the middle of the image.

# 2020 Progress



# Quality

**Suicide Prevention**  
**Nursing Structure**  
**Infection Prevention**

**Evidence Based Practices**  
**Expansion of Services**  
**Cerner**



# Safety

## Safety Huddles

Daily Discussion About Safety

## Pulse Surveys

Replaces Culture of Safety Survey

## Track & Trend

Occurrence Reports

## Emergency Management

Security Officers, Plain Language



# Compliance

**Liaisons**

**Policy Analysis**

**Risk  
Assessment**

**Audit &  
Monitoring**



# Key Components

- **Framework as a Foundation**  
Method for Improvement
- **Aligned with Strategic Goals**  
Mission, Vision, End Statements
- **Background**  
What influences or informs our plan?
- **Aspirational Commitments**  
Move us forward with an eye on the future
- **Build upon the previous year**  
Multi-Year Planning
- **Measurable Goals & Objectives**  
Structure, Process, Outcome, Balance
- **Influence Culture**  
Create Change
- **Feasible**  
Resource Allocation

# 2021 Preview

## Zero Harm Journey

Coordinate Organization Wide  
Improvement & Patient Safety Initiatives  
Reduce Adverse Events

## Culture

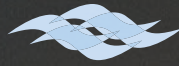
Diversity & Inclusion, Health Equity  
High Performance & Reliability  
Human Connection

## Expansion

Clinical Expertise  
Evidence Based Practices  
Access & Continuum of Services

## Balance

Excellent Outcomes, Care & Services  
Costs  
Regulatory Landscape

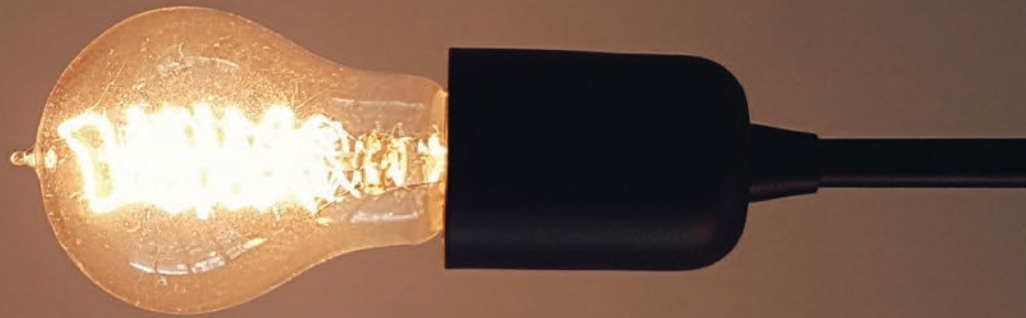


North Central Health Care  
Person centered. Outcome focused.

2020

# Quality, Safety & Compliance Plan

ideas that will transform our care



**“ Without**  
Continual Growth and Progress,  
such words as *Improvement*,  
*Achievement*, and *Success*  
have no meaning. ”

*Benjamin Franklin*

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## Scope of the Quality, Safety & Compliance Plan

This Quality, Safety & Compliance Plan covers all services and programs provided by North Central Health Care in Langlade, Lincoln and Marathon Counties, including locations in Wausau, Merrill, Antigo and Tomahawk.

The North Central Community Services Program Board retains the ultimate responsibility for the quality of care at North Central Health Care and the population it serves. The Board's accountability for quality is delegated in part through a mix of responsibilities assigned to the Executive Management Team and Medical Staff through the quality oversight structure and this plan.

The quality structure has robust monitoring and evaluation systems necessary to keep the NCCSP Board informed. The Quality, Safety & Compliance Plan overviews a number of these structures as well as outlining planning and quality improvement initiatives in the spirit of the furtherance of quality at NCHC.

**All staff at North Central Health Care are required to fully support and participate in this plan, and devote their expertise to patient safety and the healthcare quality improvement processes in pursuit of excellent outcomes.**

NCHC has developed this Quality, Safety & Compliance Plan to challenge and revise the current structures of the organization to better serve patients and the workforce. This plan is action orientated and solution focused. It aims to focus on process rather than on the individual, recognizes both internal and external partners, and facilitates the need for analyzing and improving processes.

### The Core Principles of This Plan Include:

- ✓ Instilling in all staff a unified goal of achieving our Vision of *Lives Enriched and Fulfilled* by contributing their knowledge, vision, skills and insight to improve processes
- ✓ Making decisions based on data and facts and encouraging staff to learn from their experiences
- ✓ Being Person-Centered
- ✓ Promoting systems thinking
- ✓ Recruiting and retaining well-trained, competent staff to maintain the highest quality of care provided
- ✓ Committing to a goal of Zero Harm and consistently achieving excellence

# Our Mission

Langlade, Lincoln and Marathon Counties  
partnering together to provide  
compassionate and high quality care  
for individuals and families  
with mental health, recovery  
and skilled nursing needs.

# Our Vision

Lives Enriched and Fulfilled.

# Our Core Values

Moving Forward Together.



## DIGNITY

We are dedicated to providing excellent service with acceptance and respect to every individual, every day.



## INTEGRITY

We keep our promises and act in a way where doing the right things for the right reasons is standard.



## ACCOUNTABILITY

We commit to positive outcomes and each other's success.



## PARTNERSHIP

We are successful by building positive relationships in working towards a system of seamless care as a trusted community and county partner.



## CONTINUOUS IMPROVEMENT

We embrace change through purpose-driven data, creativity and feedback in pursuit of the advancement of excellence.

## North Central Health Care's Five End Statements

North Central Health Care is committed to providing quality, safe care that meets the current community need and is provided in a fiscally responsible manner. We measure progress and outcomes in every department and program in five domains: People, Service, Quality, Community and Financial. Goals have been set in all five domains with each having an End Statement that is the result of our efforts in that particular domain.

### People .....*"I'm proud to work at NCHC because*

Individuals served by North Central Health Care will have excellent outcomes as a result of a stable, highly-qualified, competent staff who take pride in their work and the organization.

North Central Health Care will be an employer of choice with a strong caring culture, fostering a learning environment, providing careers with opportunities for growth and development, and ensuring a best practices focus.

*I get to contribute to something bigger and I can make a difference. It's an honor to work here. I'm trying to get my friend or family member a job at NCHC."*

### Service .....*"I'm so grateful for the care we received. NCHC has a friendly and welcoming culture. You provide the best experience possible. I feel listened to, part of the care decisions and I trust you."*

We exceed our consumer and referral source expectations and satisfaction as a result of our readiness, clarity of communication, and superb ability to follow through.

### Quality .....*"I feel safe in NCHC's care. I would personally seek care here for my family or myself...my first choice."*

North Central Health Care meets or exceeds established regulatory requirements and best practice guidelines. We are a leader in our ability to assess and develop a comprehensive treatment plan, deliver excellent services and measure outcomes in real-time.

### Community .....*"A great community partner. NCHC enhances the community and improves people's quality of life. NCHC employees are actively involved in our community and really value being a strong community partner."*

Our community will be able to access our services through a highly responsive seamless integration of services. We have strong affiliations with both public and private partners, proactively collaborating, and developing a continuum of care both prior to and after delivering services, constantly aware of our collective impact on the health of the population we serve.

### Financial .....*"We could never get a better value than what we receive from NCHC. It's affordable care."*

We are a financially viable organization providing increasing value by driving efficiency, growth and diversification, being highly adaptable to changing conditions, and futuristic in our perspective.

## Strategic Direction

**OVERALL STRATEGY – We take care of people who others are unwilling or unable to take care of and do it better than anyone else.**

- Better understand the needs of the community and individuals we serve and improve ability to respond effectively.
- Develop ourselves into a learning organization (systems thinking, personal mastery, mental models, shared vision and knowledge sharing).
- Achieve financial viability through decreasing reliance on tax levy and ability to pay for capital investments.



# 2019 Highlights

## Improved Occurrence Reporting & Response

SafetyZone, an incident reporting system, was implemented in September 2019. Updates have resulted in an increased culture of transparency surrounding harm events occurring in NCHC programs to staff and clients. There has been increased focus on follow-up into these events through a more thorough investigation process aimed at developing actions that target the root cause of the occurrence. This will hopefully lessen the likelihood that the event will reoccur.

## ZERO Suicide IN HEALTH AND BEHAVIORAL HEALTH CARE

### Zero Suicide Launch

Zero Suicide is a practical framework for system-wide transformation toward safer suicide care. The foundational belief of Zero Suicide is that the suicide deaths for individuals under the care of health and behavioral health systems are preventable.

## Updated Ongoing & Focused Professional Performance Evaluating Results and Launch of Physician Dashboard

Physician led quality improvement was supported this year through the enhancement of evaluations specific to physician practice. Additionally, new physician dashboards were launched. The results provide real-time information and data to NCHC physicians, helping them to improve and recognize success.

## Dialectical Behavioral Therapy Training

Several NCHC therapists were trained in Dialectical Behavioral Therapy (DBT). This evidenced-based therapy, was designed to help people suffering from mood disorders as well as those who need to change patterns of behaviors that are not helpful, such as self-harm, suicidal ideation and substance abuse.

## Campus Phasing & Construction

NCHC has already experienced success in the first phases of construction and renovation which began with the relocation of 50 Mount View Care Center residents. Work has continued with the ground breaking for the new Aquatic Therapy Pool, Youth Hospital and CBRF. These programs are slated for April 2020.



Central WI Psychiatry Residency Program 2019 - welcome ceremony

## Medical College Wisconsin Residency Program

NCHC welcomed the third round of psychiatry residents to the Wausau campus. Through a collaborative effort with Medical College of Wisconsin, NCHC aims to address the psychiatry shortage by providing opportunities for residents to train on our campus while also helping meet the growing demand for mental health services in our community. There are now nine psychiatry residents training at NCHC and in the community.

## Langlade County Sober Living Facility

A new sober living house was approved and purchased to serve the residents of Langlade County. This came in response to the growing need for more support for those in recovery from substance abuse. The program is slated to open in 2019.

## Marathon County Jail Medically Assisted Treatment Program

NCHC continues to convene with community partners to start a Medically Assisted Treatment program at the county jail, with the intent to grow slowly in 2020. Two different medications will be offered, Suboxone and Vivitrol.

## Community Treatment Individual Placement & Support (IPS) Wins Award for Exemplary Performance

IPS is an evidenced-based practice that supports individuals with severe and persistent mental illness find and secure employment and education. This award recognizes teams that reach "Exemplary Fidelity" meaning that the team has demonstrated the highest quality of services by the International IPS Learning Community.



## 2019 Highlights (cont'd)



### United Way's Partners In Caring Award Recognizes C.A.R.T.

C.A.R.T., a partnership between NCHC, the Marathon County Sheriff's Department and Wausau PD, pairs a full-time crisis professional with a law enforcement officer to provide crisis assessment and response. While the numbers of mental health calls have increased in Marathon County, the numbers of calls resulting in hospitalizations have significantly been reduced.

### Recognizing Adult Protective Services and MVCC Administrators and Staff:

When an area nursing home closed unexpectedly, Mount View Care Center and Adult Protective Services staff worked together to relocate dozens of residents to new homes in MVCC and area nursing homes.



### Alvin – NCHC Therapy Dog

In 2019, NCHC welcomed Alvin to the staff as their first certified therapy dog. Alvin assists in helping deescalate crisis situations. His presence has been beneficial for not only clients and residents but also staff!

### Cycling Without Age

Cycling Without Age Marathon County was created in 2019 to enhance the lives of older adults and adults with differing abilities in Marathon County. It gives them the opportunity to remain an active part of the local community while enjoying the excitement of being outdoors. Volunteer drivers transport residents in a trishaw, a 3 person rickshaw bicycle, around the Wausau campus. We're pleased that our residents have access to this wonderful opportunity!



### NCHC in the News

Over 2019, several NCHC staff and providers were featured in multiple opportunities to provide education and outreach to our surrounding community. Some examples are the "Stop, Starting It" dementia care training, "How Depressed Are They? Assessment of Depression and Suicidal Ideation" (an advanced program highlighting the latest information in the diagnosis and treatment of mental disorders and the newest research areas in clinical psychiatry) and "The Doctor is In," featuring NCHC doctors highlighting various topics on-air.

### Mass Flu Clinic Exercise

Together with the Marathon County Health Department, a Mass Flu Clinic Functional Exercise was held. Goals were exceeded when 104 NCHC staff and 23 Marathon County Health Department employees were vaccinated. All involved worked together under an Incident Command System Structure that offered a valuable opportunity to practice a mass clinic in real-time.



### Recovery Coaching Collaborative

In partnership with AmeriCorps RecoveryCorp, Marshfield Clinic and Aspirus, the Recovery Coaching Collaborative fosters an evidence-based approach to recovery from substance use. Recovery coaches have a lived experience; and while in their own recovery, they are helping those in our community find support and connections.





## Supporting a Culture of Excellence

### Supportive Organizational Structure and Culture

Best practice outcomes are dependent upon organizational structures and a culture that supports excellence. A culture of excellence is a commitment to excel, a commitment to be excellent. "Excellence" is a way of being and thinking that impacts how people interact with each other and how work is carried out. It requires a willingness to step outside our comfort zones and is based on an organization-wide sense of striving, rather than settling.

### Driving Excellence: Critical Components

- Shared Mission, Vision and End Statements;
- Clearly stated and aligned values and related behaviors that support excellence;
- Consistent and effective communication processes that aligns with our shared vision;
- Performance systems that recognize and reward high performance and hold all employees accountable to competency, outcome, and behaviors that support excellence;
- Systems and structures that protect the safety of those we serve and all employees;
- Processes to ensure compliance with ethical standards of corporate and clinical practices; and
- Systems that allow for open and non-punitive reporting of quality and/or compliance concerns.

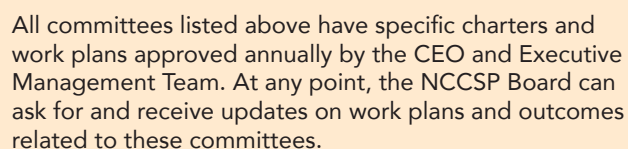
### Quality, Safety and Compliance Oversight: Duties of the NCCSP Board of Directors

The NCCSP Board of Directors is ultimately responsible for the quality of the care and services provided by all North Central Health Care programs and services. The following outlines the Board's direction and structure for quality, safety and compliance oversight:

1. Delegates day-to-day oversight responsibility to the Executive Management Team and Medical Staff.
2. Responsible to provide the resources and systems to ensure quality of care and services.
3. Reviews and remains current with quality, safety and compliance information and trends.
4. Approves the annual Quality, Safety & Compliance Plan.
5. Monitors the quality measures and outcomes within individual programs/services, as well as, the overall organizational outcomes.
6. Monitors the quality process to ensure that progress on integration of the evidence-based strategies are effectively deployed to drive best-practice outcomes.
7. Annually evaluates the effectiveness of the quality, safety and compliance plan and outcomes.



The following outlines the structure for clinical quality improvement and oversight – once delegated to the Medical Staff.





**Quality**



## Defining Quality

Consistent with the Mission and Vision for North Central Health Care, our goal is to provide care and services that meet the following guidelines:

**Safe:** avoiding injuries to our consumers from the care that is intended to help them.

**Effective:** providing services and treatment that incorporates evidence-based, effective practice.

**Person-Centered:** providing care that is respectful, healing in nature, proactive, and responsive to individual needs, preferences, and values while also ensuring that the individual has the opportunity to participate in decisions regarding treatment whenever possible.

**Timely:** reducing waits and potentially harmful delays.

**Efficient:** avoiding waste, including waste of equipment, supplies, ideas, and energy.

**Equitable:** providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and/or socioeconomic status.

**Ethical:** adhering to all corporate and professional standards of conduct and practice.

# Organizational Dashboard

Excellence can only be achieved when all levels of the organization share the same goals, effectively measure performance against those goals and consistently perform their work in a way that contributes to those goals.

## The Purpose of Measurement is to:

- Assess the stability of processes and outcomes to determine whether there is an undesirable degree of variation or a failure to perform at an expected level;
- Identify opportunities to improve the performance of processes;
- Assess the outcome of the care provided; and/or
- Assess whether a new or improved process produces improved outcomes.

Setting clear quality outcome goals provides focus and clear direction for the efficient and effective achievement of those goals.

## This is Achieved Through the Following:

- Clearly defined organizational goals in each of our pillars of excellence (People, Service, Quality, Community, Financial);
- A system for cascading organizational goals to clearly define and measure goals pertaining to the individual responsibility, at all levels of the organization;
- The incorporation of comparative data to effectively assess current performance; and
- A performance system that holds assigns accountability for achievement of these goals.



## 2020 APPROVED ORGANIZATION DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE																	FISCAL YEAR: 2020				
PRIMARY OUTCOME GOAL	↑↓	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2020 YTD	2019					
PEOPLE																					
Vacancy Rate	↓	7-8%														9.6%					
Retention Rate	↑	82-84%														85.1%					
SERVICE																					
Patient Experience	↑	88.3 - 90.5														88.3					
QUALITY																					
Hospital Readmission Rate	↓	10-12%														11.9%					
Nursing Home Readmission Rate	↓	10-12%														11.4%					
Nursing Home Star Rating	↑	MVCC - 4 Stars Pine Crest - 4 Stars														★★★★					
Zero Harm (Monitoring)	↓	Patients Employees														0.64 3.6					
Out of County Placements	↓	220 (Per Month Avg)														320					
Hospital Length of Stay (Monitoring)	↓	NCHC DIVERSIONS														5.86 Days 7.45 Days					
COMMUNITY																					
No Show Rate	↓	8-10%														12.9%					
Hospitalization Rate (Monitoring)	↓	N/A														NEW					
FINANCE																					
Direct Expense/Gross Patient Revenue	↓	60-62%														71.1%					
Indirect Expense/Direct Expense	↓	39-41%														33.5%					
Average Cost Per Day	↓	\$67,000-\$70,000														\$76,395					
Net Income	↑	2 - 3%														-4.5%					

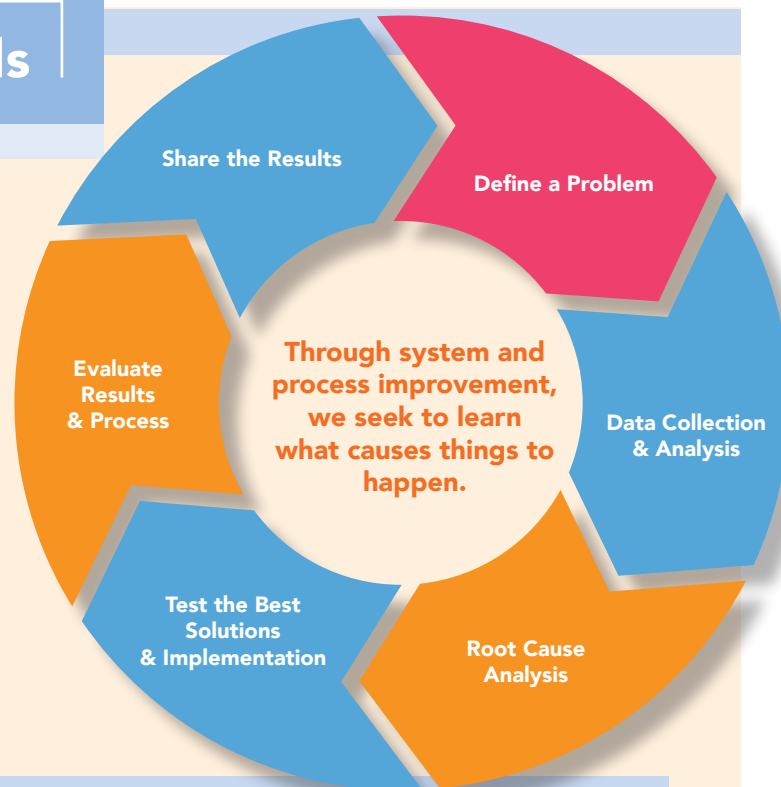
↑ Higher rates are positive    ↓ Lower rates are positive

## Components & Methods

### System and Process Improvement

Through system and process improvement, we seek to learn what causes things to happen. That knowledge can be used to reduce variation and remove activities that have no value to the process. It can also remove processes that have the potential of producing error thereby improving outcomes.

Improvements within the organization work best within a structured approach that enables a team of people (involved in, and knowledgeable about the process) to focus on a problem and generate solutions utilizing a standardized methodology. This standardized methodology should incorporate the use of data to ensure that decisions are not made on assumptions and/or guesswork.



#### The Effective Integration of System and Process Improvement Should Include the Following Steps:

1. The use of Statistical Process Control and Process Improvement Methodology;
2. Identification of key processes for ongoing assessment and improvement; and
3. Benchmarking with best-practice organizations to explore additional opportunities for improvement and the integration of evidence-based practices and processes.

## Root Cause Analysis

### Definition

A Root Cause Analysis is a process for identifying the root causes of the problem(s). It focuses on the process, instead of individuals.

Defining problems based on facts and data, before analyzing the root causes, is essential for successfully conducting root cause analysis.

### Framework & Action Plan

North Central Health Care utilizes Root Cause Analysis and Action Plan Framework, introduced by the Joint Commission, which guides the organization through the steps in a root cause analysis.

### RCA 2020

In 2020, NCHC will work to improve the effectiveness of our Root Cause Analysis and actions to prevent harm. Standardizing how we perform analyses at NCHC for system level causal issues, and not blame-worthy events, will result in the identification and implementation of sustainable and effective systems-based improvements as well as actions to make delivery of the health care we provide safer.

# Model for Improvement – Plan-Do-Study-Act

The Model for Improvement is a collaborative and ongoing effort to improve process and systems. It provides guidance from identification of the root causes, conducts the best tests to assess possible changes and works in collaboration for the implementation of new approaches and solutions. It guides the test of a change to determine if the change is an improvement.

The model utilized at North Central Health Care is called Plan-Do-Study-Act.  
The cycle is defined as follows:

**PLAN:** Collect data and establish appropriate goals. Identify the problems and possible root causes and answer the following questions:

- What are you trying to accomplish?
- What are the steps? Who, What, When?
- How will you measure the impact?
- What is your plan to collect the data needed?
- What do you predict will happen?

**STUDY:** Study the effect of the changes on the situation. Data should be collected on the new process and compared to the baseline or expected results. Results should be evaluated by using the following as guidance:

- Did the results match your prediction?
- What did you learn?
- What do you need to do next?

**DO:** Make Changes designed to correct or improve the situation. Use the following questions for guidance.

- What were the results?
- Was the cycle carried out as designed or planned?
- What did you observe?

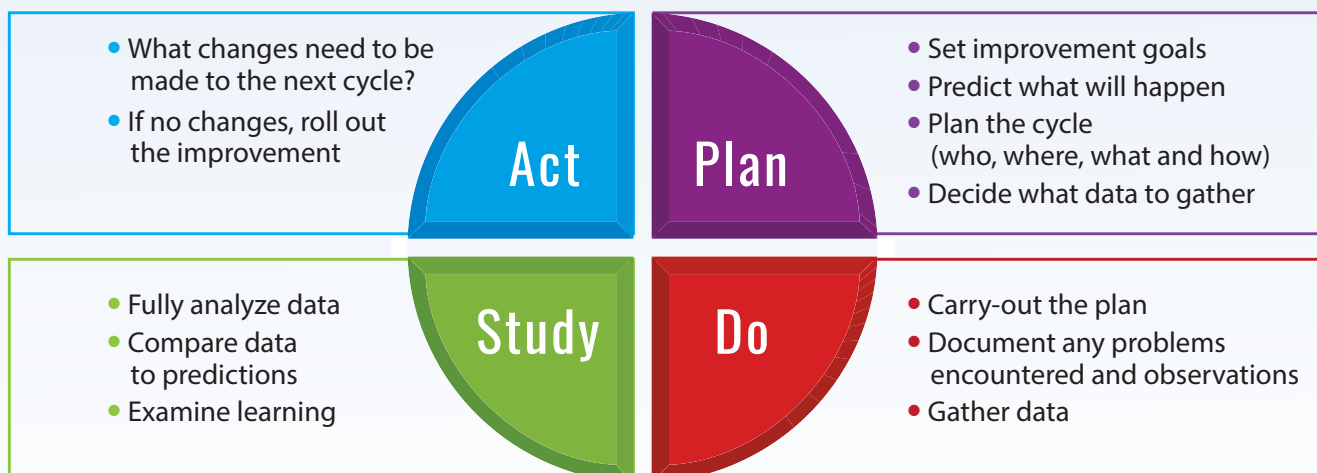
**ACT:** If the result is successful or desirable, standardize the changes and then work on the next prioritized problem or further improvements. If the outcome is not yet successful, look for different ways to identify the causes or change the testing process

## Model for Improvement

What are we trying to accomplish?

How will we know  
that a change is an improvement?

What change can we make  
that will result in improvement?





## Committees for Quality Improvement

### OPERATIONAL QUALITY IMPROVEMENT COMMITTEES

To ensure quality, safety, and continuous improvement, the Human Services and Nursing Home Operations Quality Committees are responsible for monitoring the outcomes and improvement activities specific to their assigned programs.

#### This is Accomplished Through the Following Activities:

- Ensuring the Board of Directors are well-informed about the quality of care and services at North Central Health Care and opportunities for improvement;
- Monitoring program/department-specific outcome dashboards as well as safety and compliance data for progress in achieving targeted outcomes;
- Ensuring programs are continuously applying PDSA methods to improve processes;
- Monitoring specific survey findings and follow-up to ensure improvement;
- Reviewing any significant/sentinel events to ensure appropriate follow-up; and
- Reviewing the findings from ongoing proactive auditing to ensure consistency in quality.

### INFECTION CONTROL & PREVENTION COMMITTEE

The Infection Control & Prevention Committee shall ensure that NCHC develops, implements and maintains an active, organization-wide program for the prevention, control and investigation of infections and communicable disease. The goal of such a program is to reduce the risk of endemic and epidemic infections in patients/clients/residents, visitors and healthcare workers.

#### Intended Results:

- Provide a forum for discussion of infection prevention and control related issues and strategies.
- Oversee the infection control program and develop recommendations intended to minimize the risks of acquiring and transmitting healthcare associated infections.
- Surveillance and monitoring of health care associated infections including; surgical site infections, blood stream infections, ventilator-acquired pneumonia infections, multi-resistant organisms; occupational exposure management and other identified clinical risks.
- Support NCHC Antibiotic Stewardship Program.
- Develop policies and standards relevant to infection control, re-evaluation, and implementation of policies.
- Support education and training programs for healthcare workers of all aspects of infection prevention and control
- Monitor compliance with standards and other requirements for the control of infection, such as competency and compliance with hand hygiene standards.
- Establish subcommittees to develop and implement infection control elements during construction, renovation or demolition.

## 2020 Strategic Aims to Support Quality

For 2020, NCHC has strategic goals outlining opportunities for improvements and growth in the quality of care we currently provide.

- ✓ Development of an enhanced and comprehensive psychology function to provide additional clinical resources and leadership
- ✓ Outpatient strategic aims that provide the following:
  - ◆ Higher adoptions of evidence-based practices
  - ◆ Psychotherapy that delivers the necessary frequency of care and flexibility in scheduling
  - ◆ Improved assessment, referral and access to care
  - ◆ A collaborative union amongst all providers
  - ◆ Evaluation of sub-specialty clinic options that facilitate team-based care (e.g. Youth & Family, Suboxone/Medically Assisted Treatment and Geriatric)
- ✓ Continued implementation of Zero Suicide framework and work plan to reduce suicides to zero
- ✓ Re-imagining of targeted case management to our current service array to deliver a complete system of care; and matching those referred to the right level, through a centralized referral process
- ✓ Connecting short-term case management services with individuals not in need of ACT/CSP or CCS services offered through Community Treatment
- ✓ Effectively managing length of stay and access to our Crisis CBRF
- ✓ Achievement of Joint Commission accreditation through our triennial re-accreditation survey expected in 2020
- ✓ Implementation of a new behavioral health electronic medical record system
- ✓ Opening of the new Aquatic Therapy Pool, Youth Hospital, Sober Living and Crisis CBRF facilities
- ✓ Bolstering competency and skill sets of all leaders through comprehensive and robust process improvement methodology to further promote and ensure high reliability and zero harm





**Safety**

## North Central Health Care's **Vision for a Culture of Safety**

As a regionally, unequaled, behavioral health and skilled nursing provider, we care for the most vulnerable. They deserve our best attention to achieve a goal of Zero Harm. Everyone we care for should have a fair opportunity to attain their highest version of health and abilities; and no one should be disadvantaged from achieving their potential because we fail to address disparities that exist in our community.

As a learning organization, we are able to achieve more when our evidence-based care, data, performance and culture are all aligned for continuous improvement and innovation.

Our vision for a culture of safety aligns with the definition provided by the Agency for Healthcare Research and Quality, as one in which NCHC employees, are held accountable for unprofessional conduct, yet not punished for human mistakes; errors are identified and mitigated before harm occurs; and systems are in place to enable staff to learn from errors and near-misses to prevent recurrence."

By adopting a commitment to Zero Harm, we are committed to putting patient's well-being and adopting practices and processes that protect them from harm. By consistently performing at high levels of safety over time, we will achieve high reliability in healthcare.



# Safety

**One of the most crucial responsibilities we have as a healthcare provider is to ensure the safety of those who we serve, who entrust their lives to our care.**

As an employer, we also have an obligation to make sure that our workforce is safe. It is the ultimate responsibility of the Board and of all staff to make sure that we are addressing the need for safe working environments and providing safe care. Together we need to strive to identify and resolve safety issues and improve processes that prevent adverse events from occurring in the first place.

**We have numerous responsibilities for ensuring the quality of care provided including quality indicators, overall patient experience, staff engagement and financial viability.**

## Achieving the Goal of Zero Harm

As we work to improve safety, we can utilize successful concepts and practices such as High Reliability to assist us in achieving the goal of Zero Harm.

### To Achieve Zero Harm and High Reliability We Must Have:

1. **Committed Leadership.** NCHC Leadership must be committed to the goal of Zero Harm – without this, we cannot achieve success. Commitment starts with the Board of Directors and is shared by Leadership at all levels. Improving the culture of safety is essential to prevent or reduce errors and to improve overall healthcare quality. Embedding this into our culture and vision sets the tone for the organization.
2. **Trust in Team Members.** NCHC must maintain a Safety Culture that is built upon trust amongst team members and that is demonstrated throughout the organization. In order to report safety concerns, employees must trust each other. Likewise, employees need to trust that when they report an issue, management will follow up and fix the problem without a fear of retaliation or repercussions. Trust leads to regular information flow and reports of safety issues that allow for the opportunity to fix them prior to harm reaching staff or patients.
3. **Robust Process Improvement** – systematic approach to identify the problems that are often complex and determining the root causes of that problem(s), identify and implementing highly effective solutions and ensuring sustained improvement

### Additionally it Requires:

- An acknowledgment of the high-risk nature and complexity of our organization's activities and the determination to achieve consistently safe operations
- Engaged and Empowered employees that are vigilant and acutely aware that any deviation from safety protocols and processes can lead to adverse events and harm; and also be willing to seek to resolve the issue
- A blame-free environment where individuals are able to report errors or near misses without fear of retaliation or punishment = **Just Culture**



# Additional Committees for Safety Improvement

## ENVIRONMENT OF CARE (EOC) COMMITTEE

The purpose of this committee is to protect the health and safety of North Central Health Care's patients, visitors, employees and students by insuring a regulatory compliant environment free of hazards.

### Intended results:

- Manage risk
- Coordinate risk reduction activities in the physical environment
- Disseminate summaries of actions and results

### Work Plan includes:

- Write, review, and approve annual management plans and provide regular reviews
- Plan, direct, implement, and improve the organization's performance of the EOC activities
- Identify and interpret the regulatory EOC requirements which apply to North Central Health Care
- Evaluate and assess existing conditions, operations, and practices to determine the impact of and general compliance with regulatory standards
- Establish and maintain risk assessment and evaluation criteria to identify the priority of performance improvements and process changes

## EMERGENCY MANAGEMENT COMMITTEE

This committee will analyze emergency management initiatives and evaluate their effectiveness for emergency preparedness, response, recovery, and mitigation at North Central Health Care. The purview of the committee shall be limited to such matters pertaining to emergency preparedness, response, and business continuity planning.

### Intended results:

- Promote the exchange of knowledge and resources among members of the Emergency Management Committee and key members of the community
- Develop resources and tools to be used by North Central Health Care to further emergency communications efforts
- Leverage and promote training and exercise opportunities
- Analyze emergency management initiatives for growth opportunities through Root Cause Analysis.

### Work Plan Includes:

- Collaboratively develop, maintain, and enhance the North Central Health Care Emergency Management Program to ensure the safety and well-being of all staff, patients, students and visitors
- Provide a means by which the North Central Health Care community can communicate questions and concerns during emergency management
- Offer an opportunity for issue processing and resolution requiring decision-making or input.
- Collectively promote and support the implementation of new programs, initiatives or efforts of the Committee

In 2020 we also will be implementing the following:

## Daily Check-In for Safety: Safety Huddles

A conversation about safety involving all senior leaders and department leaders across the organization that occurs at the beginning of the day and is structured for a brief 5 minute meeting that covers:

- Look back on important safety or quality concerns that arose over the previous 24 hours. Should include any harm, significant near misses, patient experience concerns, process/equipment problems and so on
- Look ahead to potential safety or quality issues that might arise over the next 24 hours. In this, leaders anticipate any barriers or threats that could impact safety or quality such as staffing issues, equipment, or conditions
- Follow up by hearing status reports on issues identified that day or previously.

## Culture of Safety Survey

Our last workforce survey on culture of safety was conducted in 2017. Surveys are recommended to be completed regularly to determine if progress made on safety initiatives has made a difference.

In 2020, we will once again survey staff, review the data and determine appropriate follow-up and action steps to improve the overall quality of safety. The survey is adopted from AHRQ and aims to collect staff opinions on patient safety issues and event reporting.



# Compliance



# Compliance

Healthcare compliance is the continuous process of abiding by legal, ethical, and professional standards applicable to a healthcare organization. Healthcare compliance requires the effective development of processes, policies, and procedures to define appropriate conduct, educate staff, and monitor adherence to these guidelines.

## Corporate Compliance Committee

The purpose of the Compliance Committee is to allow NCHC and the Compliance Officer (CO) to benefit from the combined perspectives of individuals with diverse responsibilities and experiences to establish accountability, credibility, and the structure of the Compliance Program.

**The Corporate Compliance Committee is responsible for providing support to the CO in planning, overseeing, implementing, operating and enforcing the various components of the Compliance Program.**

### Intended results:

1. Development and oversight over NCHC's Corporate Compliance Plan and related policies.
2. Completion of annual Corporate Compliance Work Plan.
3. Monitoring compliance related activities and reporting to resource compliance activities to address compliance risk areas.
4. Support a culture who embraces compliance best practices, the Code of Conduct and an active reporting system for compliance concerns.
5. Empower and support the Corporate Compliance Officer in discharging their duties.

The Corporate Compliance Committee will also be responsible to monitor the activities and practices of NCHC to ensure compliance with all appropriate ethical and legal business standards through adherence to the Corporate Compliance Plan.

### Compliance will be Furthered Through the Following:

- **Implementing Written Policies, Procedures and Standards of Conduct** designed to help employees remain in compliance while carrying out their job duties
- **Enhanced Compliance Structure** to increase effectiveness of the compliance function. In addition to our new compliance auditor, and with the addition of Pine Crest and Lincoln Industries, and an emphasis through the Mega Rule on Nursing Home Compliance. Compliance Liaisons will be an extension of the Compliance Officer within the Nursing Home to further align the programs.
- **Due Diligence** is exercised in screening and evaluation of employees, physicians, vendors and other agents
- **Conducting Effective Training and Education** to decrease risk liability for violation of laws, regulations and policy and procedures
- **Strengthening of an Internal Monitoring and Auditing Function** to help to develop a risk profile for our organization that will inform auditing and monitoring functions. This will help us be even more proactive in our efforts by identifying issues earlier, therefore minimizing the potential impact to the organization
- **Enforcing Standards Through Well Publicized Disciplinary Guidelines**, creating a culture that encourages ethical behavior
- **Timely, Effective Investigations and Remedial Measures** with the goal to respond consistently to all detected deficiencies and develop correction action plans
- **Supporting a more robust Ethical Committee and Consultation Program in 2020.**



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North Central Health Care

Person centered. Outcome focused.

2020 Board - RCA - CEO Work Plan

<u>Objective</u>	<u>Accountability</u>	<u>Start Date</u>	<u>Measure(s) of Success</u>	<u>Interim Updates</u>	<u>Status</u>
Establish Facility Use Agreements with Each County	Board	Jan-20	Signed Facility Use and/or Lease Agreements with each of the three Counties	The base Lease Agreement is close to being finalized. Supporting Exhibits to the Agreement are still in development. Meeting was held with Marathon County on 10/23	Open
Prepare Local Plan	Board	Aug-20	Adopt a 3 Year Local Plan at the Annual Board Retreat	The Human Services Research Institute is preparing an initial draft report after concluding data work. The HSRI team will be circling back with a few key informants on the impacts of COVID as an addition to their work thus far. Report is expected in the 4th Quarter 2020. Community engagement will continue to be on hold.	Open
Approve Training Plan for Counties	Board	Jan-20	Hold Inaugural Stakeholder Summit	The Inaugural Stakeholder Summit is postponed until such time that a large group gathering would be permissible given the COVID-19 public health emergency.	Pending
CEO Appraisal	Executive Committee	Jan-20	Completed CEO Appraisal by the Executive Committee by March	On the Executive Committee's agenda for November.	Open
Annual Report	Board	Apr-20	Annual Report Released and Presentations made to County Boards	The 2019 Report is still being developed as communication resources have been reprioritized to the COVID-19 response.	Open
Develop a Board Development and Recruitment Plan	Governance Committee	Jun-20	Board Development and Recruitment Plan reviewed and approved by the NCCSP Board	On the Board's agenda for October.	Open
Review and Approve Performance Standards	Executive Committee	Jul-20	Adopted Annual Performance Standards	The Executive Committee is working on reviewing and proposing new performance standards for 2021. This work will likely continue through November	Open
Facilitated Discussion on Diversity and Inclusion	Board	Jul-20	Adopted strategy and/or policy as it relates to the implications of diversity and inclusion for the Board, Management Teams and workforce	Initial presentation made at June Board meeting. Subsequent Board presentations will continue as the Board works to articulate a Diversity, Equity and Inclusion strategy for the organization. An internal team will also be working on developing supporting structure to these initiatives. A plan will be presented to the Board before the end of 2020.	Open
Evaluate NCCSP Board Effectiveness	Board	Sep-20	Conduct and Annual Review of the Effectiveness of Board's Policy Governance Model	On the Board's agenda for October.	Open
Approve Annual Quality, Compliance and Safety Plan	Board	Sep-20	Approve plan in December	Board will review current plan performance in October and approve the plan for the upcoming year in December.	Open
Review and Approve Policy Governance Manual	Board	Aug-20	Approve manual at the September Board meeting	On the Board's agenda for October.	Open
Annual CEO Succession Exercise	Board	Oct-20	Approve a one-page succession document	Exercise is prepped for next in-person Board meeting.	Open

2020 Board - RCA - CEO Work Plan

<u>Objective</u>	<u>Accountability</u>	<u>Start Date</u>	<u>Measure(s) of Success</u>	<u>Interim Updates</u>	<u>Status</u>
Review and Approve CEO Compensation Plan	Executive Committee	Nov-20	Approve CEO Compensation Plan for the upcoming year by December	The Executive Committee will review the plan in November.	Open
Approve Utilization Review Plan	Board	Nov-20	Approve plan in December	Board will review current plan performance and approve the Utilization Review Plan for the upcoming year in December.	Open
Board Development Plan and Calendar	Governance Committee	Nov-20	Approved Board Development Plan and Calendar for the upcoming year at the December meeting	On the Board's agenda for October.	Open
Provide Monthly Program and Service Report	Executive Committee	Monthly	CEO provides a monthly Programs and Services report to the Executive Committee	Ongoing.	Ongoing
Annual Review of Board Policy	Board	Jan-20	Board reviews and approves all Board Policies by December 31	Ongoing, Policies have been dispersed equally and timely throughout the year. The Board will be given an updated policy index and copies of all Board policies at the September meeting.	Ongoing
Accept the Annual Audit	Board	Jan-20	Acceptance of the annual audit by the NCCSP Board in April	Accepted at May NCCSP Board meeting.	Complete
County Fund Balance Reconciliation	Board	Apr-20	Fund Balance Presentation and Adoption by NCCSP Board	Fund Balance Policy has been reviewed and Fund Balance Statements have been sent to the counties.	Complete
Reserve Policy Review	Board	Apr-20	The Board will review and approve the Reserve Policy after the CFO has met with the County Finance Directors to receive input following the annual audit	Approved.	Complete
Determine Budget Guidelines and Priorities	Executive Committee	Apr-20	Budget Guidelines and Priorities of the member Counties are communicated to the Board by June 1st	Budget Guidelines and Priorities were provided at the May Board meeting.	Complete
Nomination and Election of Board Officers	Governance Committee	Apr-20	The Governance Committee will send a slate of Officers to the Board to be elected at the Annual Meeting in May	The slate of Officers was voted on and seat at the May Board Meeting	Complete
Annual Review of Board End Statements	Board	May-20	Adoption of End Statements with any modifications by June 1st	Reviewed at May Board Meeting. May need to be reviewed again as the Performance Standards are reviewed.	Complete
Selection of Independent Certified Public Accounting Firm	Executive Committee	Jun-20	5 year contract established with an accounting firm	Staff is recommending that the RFP be delayed until next year given the risk related to the Cerner implementation.	Complete
Recommend Annual Budget to Counties	Board	Apr-20	Budget recommendation to the Counties by October 1st	The Proposed Budget was adopted by the NCCSP Board and forwarded to the Counties.	Complete





## MEMORANDUM

DATE: October 19, 2020  
TO: North Central Community Services Program Board  
FROM: Jill Meschke, Chief Financial Officer  
RE: Monthly CFO Report

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The following items are general updates and communication to support the Board on key activities and/or updates of financial activity since our last meeting.

### **Financial Results:**

The financials show a loss for September of (\$847,576), compared to the targeted loss of (\$30,628) resulting in a negative variance of (\$816,947). ①

### **Revenue Key Points:**

- Overall revenue for September was below budgeted target by (\$687,446). Net patient revenue was unfavorable to plan by (\$971,773). ② No additional CARES Act funding was received in September. ③
- Mount View Care Center census averaged 148 compared to the target of 183. The average census for the third quarter has been 155. Pine Crest census averaged 113 compared to the target of 155. The average census for the third quarter has been 118.
- Volume is the primary driver of the net patient revenue shortfall in the nursing homes accounting for (\$340,345) in Mount View Care Center and (\$292,338) in Pine Crest Nursing Home for the month. ② This shortfall represents 65 percent of the month's net patient revenue unfavorable variance.
- The hospital census averaged 10 to a budget of 15 for the month resulting in a shortfall from net patient revenue plan of (\$116,204). ② This shortfall represents 12 percent of the month's net patient revenue unfavorable variance.
- Net patient revenue for the outpatient areas combined is short from plan by (\$82,359) in September. ②
- Administrative and bad debt write offs totaled (\$5,187) ④ in September.

**Expense Key Points:**

- Overall expenses for September were unfavorable to plan (\$122,382). ⑤
- Salaries are \$307,445 ⑥ favorable to budget for September in direct care programs and \$80,002 ⑦ favorable to budget in indirect programs. This is partially due to suspension of merit increases and utilization of contract staff and providers.
- Benefits expenses are favorable to plan by \$160,914 ⑦ driven by health insurance favorability of \$121,992.
- Contracted services of providers and staff represent the greatest unfavorable variance from plan of (\$334,191), ⑧ which offsets most of the favorable salaries results.
- Drugs expense was unfavorable to budget (\$133,608) ⑨ in September due to the addition of pharmacy services to Pine Crest Nursing Home.
- Diversions were unfavorable to plan (\$88,966) ⑩ in September.
- Program expenses were unfavorable to plan (\$123,819) ⑪ in September due to purchases, special living arrangements, and transportation for community-based consumers.

**North Central Health Care**  
Income Statement  
For the Period Ending September 30, 2020

	MTD Actual	MTD Budget	\$ Variance	% Variance	YTD Actual	YTD Budget	\$ Variance	% Variance
<b>Direct Revenues</b>								
Patient Gross Revenues	7,008,064	8,485,072	(1,477,007)	-17.4%	64,966,729	76,330,528	(11,363,799)	-14.9%
Patient Contractual Adjustments	(2,632,995)	(3,138,229)	505,234 ④	-16.1%	(22,949,889)	(28,041,753)	5,091,865	-18.2%
Net Patient Revenue	4,375,069	5,346,843	(971,773) ②	-18.2%	42,016,840	48,288,775	(6,271,935)	-13.0%
County Revenue	417,915	418,151	(236)	-0.1%	3,761,231	3,763,355	(2,123)	-0.1%
Contracted Service Revenue	84,781	71,167	13,614	19.1%	521,906	640,500	(118,594)	-18.5%
Grant Revenues and Contractuals	406,653	183,767	222,886	121.3%	2,312,469	1,653,900	658,569	39.8%
Appropriations	457,755	457,755	-	0.0%	4,119,797	4,119,797	-	0.0%
Other Revenue	761,694	690,708	70,985 ③	10.3%	10,665,820	6,216,375	4,449,445	71.6%
Total Net Revenue	6,503,866	7,168,390	(664,524)	-9.3%	63,398,063	64,682,701	(1,284,638)	-2.0%
<b>Direct Expenses</b>								
Personnel Expenses	3,327,996	3,829,595	501,599 ⑥	13.1%	29,387,465	34,517,973	5,130,508	14.9%
Contracted Service Expenses	986,308	547,343	(438,965) ⑧	-80.2%	8,659,408	4,919,419	(3,739,989)	-76.0%
Supplies Expenses	85,148	84,765	(383)	-0.5%	559,054	757,218	198,164	26.2%
Drugs Expenses	500,761	367,152	(133,608) ⑨	-36.4%	4,087,056	3,303,207	(783,849)	-23.7%
Program Expenses	235,991	117,812	(118,179) ⑪	-100.3%	881,528	1,050,315	168,787	16.1%
Land & Facility Expenses	19,502	26,727	7,225	27.0%	178,219	240,540	62,321	25.9%
Equipment & Vehicle Expenses	35,995	41,916	5,921	14.1%	359,022	371,844	12,822	3.4%
Diversions Expenses	163,966	75,000	(88,966) ⑩	-118.6%	1,474,436	675,000	(799,436)	-118.4%
Other Operating Expenses	170,959	151,435	(19,524)	-12.9%	1,437,467	1,357,977	(79,489)	-5.9%
Total Direct Expenses	5,526,625	5,241,745	(284,880)	-5.4%	47,023,654	47,193,494	169,839	0.4%
<b>Indirect Revenues</b>								
County Revenue	171,635	171,635	-	0.0%	1,544,717	1,544,717	-	0.0%
Contracted Service Revenue	2,500	2,500	-	0.0%	27,142	22,500	4,642	20.6%
Other Revenue	27,366	56,250	(28,884)	-51.3%	414,552	506,250	(91,698)	-18.1%
Total Net Revenue	207,464	230,385	(22,922)	-9.9%	2,009,233	2,073,467	(64,234)	-3.1%
<b>Indirect Expenses</b>								
Personnel Expenses	1,129,532	1,228,660	99,128 ⑦	8.1%	10,055,715	11,182,017	1,126,302	10.1%
Contracted Services Expenses	11,960	5,000	(6,960) ⑧	-139.2%	60,137	45,000	(15,137)	-33.6%
Supplies Expenses	70,649	123,616	52,967	42.8%	697,014	1,112,546	415,531	37.3%
Drugs Expenses	469	4,167	3,697	88.7%	2,714	37,500	34,786	92.8%
Program Expenses	26,311	20,671	(5,640) ⑪	-27.3%	280,166	186,037	(94,128)	-50.6%
Land & Facility Expenses	310,437	309,619	(818)	-0.3%	2,632,013	2,786,567	154,554	5.5%
Equipment & Vehicle Expenses	131,605	124,554	(7,051)	-5.7%	1,106,460	1,120,988	14,528	1.3%
Other Operating Expenses	377,530	404,706	27,176	6.7%	3,503,696	3,707,351	203,655	5.5%
Total Indirect Expenses	2,058,494	2,220,992	162,498	7.3%	18,337,916	20,178,006	1,840,090	9.1%
Total Operating Expenses	7,585,119	7,462,737	(122,382) ⑤	-1.6%	65,361,570	67,371,500	2,009,929	3.0%
<b>Metrics</b>								
Indirect Expenses/Direct Expenses	37.2%	42.4%			39.0%	42.8%		
Direct Expense/Gross Patient Revenue	78.9%	61.8%			72.4%	61.8%		
Average Cost per Day	107,002	70,530			85,200	69,645		
<b>Non-Operating Income/Expense</b>								
Interest Income/Expense	(23,394)	(30,833)	7,440	-24.1%	(218,379)	(277,500)	59,121	-21.3%
Donations Income	(2,820)	-	(2,820)	0.0%	(37,692)	-	(37,692)	0.0%
Other Non-Operating	-	(2,500)	2,500	-100.0%	34,101	(22,500)	56,601	-251.6%
Total Non-Operating	(26,213)	(33,333)	7,120	-21.4%	(221,971)	(300,000)	78,029	-26.0%
Net Income (Loss)	(847,576)	(30,628)	(816,947) ①	2667.3%	267,697	(315,332)	583,028	-184.9%
Net Income	-12.6%	-0.4%			0.4%	-0.5%		

**North Central Health Care**  
Balance Sheet  
For the Period Ending September 30, 2020

	<u>Current YTD</u>	<u>Prior YTD</u>
ASSETS		
Current Assets		
Cash and Cash Equivalents	2,081,270	3,158,750
Accounts Receivable		
Net Patient Receivable	5,822,922	4,437,754
Outpatient WIMCR & CCS	4,463,750	3,769,000
Nursing Home Supplemental Payment	1,236,450	222,849
County Appropriations Receivable	457,755	(1)
Net State Receivable	462,727	320,775
Other Accounts Receivable	1,007,737	347,141
Inventory	446,283	427,687
Prepaid Expenses	860,123	704,918
Total Current Assets	<u>16,839,017</u>	<u>13,388,873</u>
Noncurrent Assets		
Investments	12,093,552	13,646,000
Contingency Funds	1,000,000	1,000,000
Patient Trust Funds	91,756	38,697
Pool Project Receivable	1,732,590	3,213,262
Net Pension Assets	-	5,559,798
Nondepreciable Capital Assets	22,105,243	959,065
Net Depreciable Capital Assets	<u>20,278,515</u>	<u>10,103,677</u>
Total Noncurrent Assets	57,301,656	34,520,499
Deferred Outflows of Resources (Pensions)	<u>22,152,585</u>	<u>10,270,680</u>
TOTAL ASSETS	<u><u>96,293,257</u></u>	<u><u>58,180,052</u></u>

	Current YTD	Prior YTD
LIABILITIES		
Current Liabilities		
Current Portion of Capital Lease Liability	29,249	29,249
Trade Accounts Payable	407,120	601,505
Accrued Liabilities		
Salaries and Retirement	2,264,864	1,427,865
Compensated Absences	2,787,908	1,781,661
Health and Dental Insurance	670,000	847,000
Bonds	360,000	-
Interest Payable	209,013	-
Other Payables and Accruals	1,736,432	582,339
Payable to Reimbursement Programs	220,000	254,981
Unearned Revenue	(190,772)	(766,703)
Total Current Liabilities	8,493,813	4,757,896
Noncurrent Liabilities		
Net Pension Liability	9,445,451	944,541
Long-Term Portion of Capital Lease Liability	53,553	80,849
Long-Term Projects in Progress	19,674,794	343,429
Long-Term Debt and Bond Premiums	9,148,147	-
Patient Trust Funds	62,038	38,697
Total Noncurrent Liabilities	38,383,983	1,407,516
Deferred Inflows of Resources (Pensions)	11,508,078	10,993,103
TOTAL LIABILITIES	58,385,875	17,158,515
NET POSITION		
Net Investment in Capital Assets	42,383,757	11,062,742
Pool Project Restricted Capital Assets	1,732,590	3,213,262
Unrestricted		
Board Designated for Contingency	1,000,000	1,000,000
Board Designated for Capital Assets	1,480,891	340,012
Undesignated	(8,957,552)	27,672,408
Net Income / (Loss)	267,697	(2,266,887)
TOTAL NET POSITION	37,907,383	41,021,537
TOTAL LIABILITIES AND NET POSITION	96,293,257	58,180,052

**North Central Health Care**  
Statement of Cash Flows  
For Month Ending September 30, 2020

Cash, Beginning of Period (August 31, 2020)		3,832,687
Operating Activities		
Net Income (Loss)	(847,576)	
Adjustments to Reconcile Net Income		
Depreciation	(224,590)	
(Increase) or Decrease in Current Assets		
Inventories	-	
Accounts Receivable	(1,056,986)	
Prepaid Expenses	92,197	
Transfer from Pine Crest	(66,054)	
Increase or (Decrease) in Current Liabilities		
Accounts Payable	(60,021)	
Accrued Current Liabilities	400,811	
Net Change in Patient Trust Funds	(910)	
Unearned Revenue	<u>(111,838)</u>	
Net Cash from Operating Activities		(1,874,967)
Investing Activities		
Net Change in Contingency Funds	-	
Purchases of Property and Equipment	2,750,167	
Pool Project Receivable	-	
Net Change in Long-Term Projects in Progress	<u>(2,596,870)</u>	
Net Cash from Investing Activities		153,296
Financing Activities		
Appropriations Advancement	-	
Bonds and Interest	(20,194)	
Net Change in Purchase/Sale of Investments	<u>(9,552)</u>	
Net Cash from Financing Activities		<u>(29,746)</u>
Net Increase (Decrease) in Cash During Period		<u>(1,751,416)</u>
Cash, End of Period (September 30, 2020)		2,081,271

**North Central Health Care**  
Review of 2020 Programs by Service Line  
For the Year-to-Date Period Ending September 30, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
<b>BEHAVIORAL HEALTH SERVICES</b>							
Adult Behavioral Health Hospital	2,626,053	3,244,818	(618,765)	3,373,639	3,270,083	(103,557)	(722,322)
Adult Hospital Psychiatry	267,004	320,966	(53,961)	1,266,442	1,257,107	(9,335)	(63,296)
Psychiatry Residency	235,279	236,250	(971)	323,381	339,464	16,083	15,112
Contract Services	-	-	-	1,595,499	703,496	(892,003)	(892,003)
Crisis Services	492,454	446,624	45,831	2,041,993	1,829,179	(212,815)	(166,984)
Lakeside Recovery MMT	141,471	722,386	(580,915)	890,964	1,167,494	276,529	(304,386)
Crisis CBRF	710,912	911,663	(200,750)	636,979	911,663	274,684	73,933
Youth Behavioral Health Hospital	-	629,233	(629,233)	179,766	1,506,773	1,327,007	697,774
Subtotal-Behavioral Health	4,473,173	6,511,938	(2,038,765)	10,308,664	10,985,258	676,594	(1,362,172)
<b>COMMUNITY SERVICES</b>							
Outpatient Services-Marathon	877,764	1,175,864	(298,099)	1,454,944	1,497,182	42,238	(255,861)
Outpatient Services-Lincoln	223,943	314,400	(90,457)	261,165	488,081	226,915	136,458
Outpatient Services-Langlade	220,639	516,225	(295,586)	343,719	613,142	269,423	(26,163)
Outpatient Psychiatry	779,727	885,353	(105,627)	3,024,076	3,076,940	52,863	(52,764)
Community Treatment Adult- Marathon	3,512,189	3,365,919	146,270	3,262,135	3,365,919	103,784	250,054
Community Treatment Adult- Lincoln	704,728	576,300	128,428	497,456	576,300	78,844	207,272
Community Treatment Adult- Langlade	464,440	523,950	(59,510)	386,902	523,950	137,048	77,538
Community Treatment Youth-Marathon	4,168,521	2,933,312	1,235,210	3,883,822	2,933,312	(950,510)	284,699
Community Treatment Youth-Lincoln	1,437,960	1,360,800	77,160	1,395,072	1,360,800	(34,272)	42,888
Community Treatment Youth-Langlade	1,101,409	1,050,750	50,659	1,056,826	1,050,750	(6,076)	44,583
Clubhouse	141,857	224,263	(82,406)	232,573	293,263	60,690	(21,716)
Sober Living	-	96,000	(96,000)	171	96,000	95,829	(171)
Subtotal-Community Services	13,633,177	13,023,135	610,042	15,798,862	15,875,637	76,775	686,817
<b>COMMUNITY LIVING</b>							
Adult Day Services-Marathon	445,114	622,789	(177,675)	444,067	545,636	101,569	(76,106)
Prevocational Services-Marathon	408,420	582,750	(174,330)	492,467	659,903	167,435	(6,894)
Prevocational/Day Services-Langlade	204,513	283,500	(78,987)	221,730	283,500	61,770	(17,216)
Lincoln Industries-Lincoln	739,269	1,427,250	(687,981)	942,467	1,427,250	484,783	(203,198)
Andrea St Group Home	381,262	393,000	(11,738)	332,478	376,727	44,248	32,511
Chadwick Group Home	426,554	399,000	27,554	304,710	389,066	84,356	111,910
Bissell Street Group Home	442,386	426,000	16,386	300,887	408,760	107,873	124,259
Heather Street Group Home	340,777	340,500	277	329,060	383,948	54,889	55,165
Jelinek Apartments	628,020	602,250	25,770	516,363	552,054	35,691	61,461
River View Apartments	563,103	470,250	92,853	435,869	465,987	30,118	122,970
Forest Street Apartments	296,023	463,500	(167,477)	398,341	440,083	41,742	(125,735)
Fulton Street Apartments	204,915	194,250	10,665	279,652	272,126	(7,526)	3,139
Youth Crisis Stabilization Facility	-	-	-	98,676	-	(98,676)	(98,676)
Subtotal-Community Living	5,080,357	6,205,039	(1,124,682)	5,096,767	6,205,040	1,108,272	(16,410)
<b>NURSING HOMES</b>							
MVCC Daily Services	14,570,890	14,714,515	(143,624)	15,197,905	16,407,027	1,209,122	1,065,498
MVCC Ancillary Services	1,503,482	1,583,051	(79,570)	892,239	1,015,539	123,300	43,730
Aquatic	501,631	767,018	(265,387)	792,256	1,023,777	231,521	(33,866)
Pine Crest-Daily Services	9,964,493	9,862,125	102,368	9,699,945	10,192,736	492,791	595,159
Pine Crest-Ancillary Services	968,033	983,250	(15,217)	946,769	983,250	36,481	21,264
Subtotal-Nursing Home	27,508,529	27,909,959	(401,430)	27,529,114	29,622,329	2,093,215	1,691,785
Pharmacy	5,403,747	4,861,796	541,951	5,247,370	4,861,796	(385,574)	156,377
<b>OTHER PROGRAMS</b>							
Birth To Three	563,580	-	563,580	563,580	-	(563,580)	(0)
Protective Services	574,612	-	574,612	603,344	-	(603,344)	(28,732)
Demand Transportation	293,166	323,928	(30,762)	213,869	323,928	110,059	79,297
Subtotal-Other Programs	1,431,358	323,928	1,107,430	1,380,793	323,928	(1,056,865)	50,565
Total NCHC Service Programs	57,530,341	58,835,795	(1,305,454)	65,361,570	67,873,987	2,512,417	1,206,963
Base County Allocation	3,761,231	3,763,355	(2,123)				(2,123)
Nonoperating Revenue	217,899	277,500	(59,601)				(59,601)
County Appropriation	4,119,797	4,119,799	(2)				(2)
Grand Total NCHC	65,629,267	66,996,448	(1,367,181)	65,361,570	67,873,987	2,512,417	1,145,236



**North Central Health Care**  
Fund Balance Review  
For the Year-to-Date Period Ending September 30, 2020

	<u>Marathon</u>	<u>Langlade</u>	<u>Lincoln</u>	<u>Total</u>
Total Operating Expenses, Year-to-Date	45,694,419	3,734,222	15,932,929	65,361,570
General Fund Balance Targets				
Minimum (20% Operating Expenses)	9,138,884	746,844	3,186,586	13,072,314
Maximum (35% Operating Expenses)	15,993,047	1,306,978	5,576,525	22,876,550
Risk Reserve Fund	250,000	250,000	250,000	
Total Fund Balance				
Minimum Target	9,388,884	996,844	3,436,586	13,822,314
Maximum Target	16,243,047	1,556,978	5,826,525	23,626,550
Total Net Position at Period End	45,699,005	3,570,744	16,359,519	65,629,268
Fund Balance Above/(Below)				
Minimum Target	36,310,121	2,573,900	12,922,933	51,806,954
Maximum Target	29,455,958	2,013,766	10,532,994	42,002,718
<i>County Percent of Total Net Position</i>	<i>69.6%</i>	<i>5.4%</i>	<i>24.9%</i>	<i>100.0%</i>
Share of Invested Cash Reserves	8,414,337	657,464	3,012,199	12,084,000
<i>Days Invested Cash on Hand</i>	<i>50</i>	<i>48</i>	<i>52</i>	<i>51</i>
<i>Targeted Days Invested Cash on Hand</i>	<i>90</i>	<i>90</i>	<i>90</i>	<i>90</i>
Required Invested Cash to Meet Target	15,009,116	1,226,569	5,233,444	21,469,129
Invested Cash Reserves Above/(Below) Target	(6,594,779)	(569,105)	(2,221,245)	(9,385,129)

**North Central Health Care**  
Review of Services in Langlade County  
For the Year-to-Date Period Ending September 30, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
Direct Services							
Outpatient Services	220,639	516,225	(295,586)	343,719	613,142	269,423	(26,163)
Community Treatment-Adult	464,440	523,950	(59,510)	386,902	523,950	137,048	77,538
Community Treatment-Youth	1,101,409	1,050,750	50,659	1,056,826	1,050,750	(6,076)	44,583
Sober Living	-	96,000	(96,000)	171	96,000	95,829	(171)
Day Services	204,513	283,500	(78,987)	221,730	283,500	61,770	(17,216)
	1,991,002	2,470,425	(479,423)	2,009,348	2,567,342	557,994	78,571
Shared Services							
Adult Behavioral Health Hospital	288,866	356,929	(68,063)	371,100	359,709	(11,391)	(79,454)
Adult Hospital Psychiatry	29,370	35,306	(5,936)	139,309	138,282	(1,027)	(6,962)
Residency Program	25,881	25,988	(107)	35,572	37,341	1,769	1,662
Youth Behavioral Health Hospital	-	69,216	(69,216)	19,774	110,497	90,722	21,507
Crisis CBRF	78,200	100,283	(22,083)	70,068	100,283	30,216	8,133
Crisis Services	54,170	49,129	5,041	224,619	201,210	(23,409)	(18,368)
Youth Crisis Stabilization Facility	-	-	-	10,854	-	(10,854)	(10,854)
Lakeside Recovery MMT	15,562	79,463	(63,901)	98,006	128,424	30,418	(33,483)
Outpatient Psychiatry	85,770	97,389	(11,619)	332,648	338,463	5,815	(5,804)
Protective Services	63,207	-	63,207	66,368	-	(66,368)	(3,161)
Birth To Three	57,702	-	57,702	57,702	-	(57,702)	(0)
Group Homes	154,873	151,712	3,161	123,348	151,712	28,363	31,524
Supported Apartments	-	-	-	-	-	-	-
Contract Services	-	-	-	175,505	77,384	(98,121)	(98,121)
	853,601	965,413	(111,812)	1,724,874	1,643,305	(81,569)	(193,381)
Total NCHC Programming	2,844,603	3,435,838	(591,235)	3,734,222	4,210,647	476,425	(114,810)
Base County Allocation	598,898	598,898	-				-
Nonoperating Revenue	14,086	21,473	(7,386)				(7,386)
County Appropriation	113,157	113,157	-				-
Excess Revenue/(Expense)	3,570,744	4,169,366	(598,622)	3,734,222	4,210,647	476,425	(122,197)

**North Central Health Care**  
Review of Services in Lincoln County  
For the Year-to-Date Period Ending September 30, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
Direct Services							
Outpatient Services	223,943	314,400	(90,457)	261,165	488,081	226,915	136,458
Community Treatment-Adult	704,728	576,300	128,428	497,456	576,300	78,844	207,272
Community Treatment-Youth	1,437,960	1,360,800	77,160	1,395,072	1,360,800	(34,272)	42,888
Lincoln Industries	739,269	1,427,250	(687,981)	942,467	1,427,250	484,783	(203,198)
	3,105,900	3,678,750	(572,850)	3,096,161	3,852,431	756,270	183,420
Shared Services							
Adult Behavioral Health Hospital	393,908	486,722	(92,814)	506,046	490,512	(15,534)	(108,348)
Adult Hospital Psychiatry	40,051	48,145	(8,094)	189,966	188,566	(1,401)	(9,495)
Residency Program	35,292	35,438	(146)	48,507	50,920	2,413	2,267
Youth Behavioral Health Hospital	-	94,385	(94,385)	26,965	150,677	123,712	29,327
Crisis CBRF	106,637	136,750	(30,113)	95,547	136,750	41,203	11,090
Crisis Services	73,868	66,994	6,874	306,299	274,377	(31,922)	(25,048)
Youth Crisis Stabilization Facility	-	-	-	14,801	-	(14,801)	(14,801)
Outpatient Psychiatry	116,959	132,803	(15,844)	453,611	461,541	7,930	(7,915)
Lakeside Recovery MMT	21,221	108,358	(87,137)	133,645	175,124	41,480	(45,658)
Protective Services	86,192	-	86,192	90,502	-	(90,502)	(4,310)
Birth To Three	84,840	-	84,840	84,840	-	(84,840)	(0)
Supported Apartments	-	-	-	-	-	-	-
Contract Services	-	-	-	239,325	105,524	(133,801)	(133,801)
	958,967	1,109,594	(150,627)	2,190,054	2,033,991	(156,063)	(306,690)
Total NCHC Programming	4,064,866	4,788,344	(723,478)	5,286,215	5,886,422	600,207	(123,271)
Base County Allocation	622,483	622,483	-				-
Nonoperating Revenue	19,660	29,931	(10,271)				(10,271)
County Appropriation	389,372	389,372	-				-
Excess Revenue/(Expense)	5,096,381	5,830,129	(733,748)	5,286,215	5,886,422	600,207	(133,541)

**North Central Health Care**  
Review of Services in Marathon County  
For the Year-to-Date Period Ending September 30, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
Direct Services							
Outpatient Services	877,764	1,175,864	(298,100)	1,454,944	1,497,182	42,238	(255,862)
Community Treatment-Adult	3,512,189	3,365,919	146,270	3,262,135	3,365,919	103,784	250,054
Community Treatment-Youth	4,168,521	2,933,312	1,235,210	3,883,822	2,933,312	(950,510)	284,699
Day Services	853,534	1,205,539	(352,005)	936,534	1,205,539	269,004	(83,000)
Clubhouse	141,857	224,263	(82,406)	232,573	293,263	60,690	(21,716)
Demand Transportation	293,166	323,928	(30,762)	213,869	323,928	110,059	79,297
Aquatic Services	501,631	767,018	(265,387)	792,256	1,023,777	231,521	(33,866)
Pharmacy	5,403,747	4,861,796	541,951	5,247,370	4,861,796	(385,574)	156,377
	15,752,409	14,857,638	894,771	16,023,501	15,504,714	(518,787)	375,984
Shared Services							
Adult Behavioral Health Hospital	1,943,279	2,401,163	(457,884)	2,496,493	2,419,862	(76,631)	(534,515)
Adult Hospital Psychiatry	197,583	237,515	(39,931)	937,167	930,260	(6,908)	(46,839)
Residency Program	174,106	174,825	(719)	239,302	251,204	11,901	11,183
Youth Behavioral Health Hospital	-	465,633	(465,633)	133,027	743,341	610,314	144,682
Crisis CBRF	526,075	674,630	(148,555)	471,364	674,630	203,266	54,711
Crisis Services	364,416	330,502	33,914	1,511,075	1,353,593	(157,483)	(123,568)
Youth Crisis Stabilization Facility	-	-	-	73,020	-	(73,020)	(73,020)
Lakeside Recovery MMT	104,688	534,566	(429,877)	659,313	863,945	204,632	(225,246)
Outpatient Psychiatry	576,998	655,162	(78,164)	2,237,817	2,276,936	39,119	(39,045)
Protective Services	425,213	-	425,213	446,475	-	(446,475)	(21,262)
Birth To Three	421,038	-	421,038	421,039	-	(421,039)	(0)
Group Homes	1,436,107	1,406,789	29,318	1,143,787	1,406,789	263,002	292,320
Supported Apartments	1,692,061	1,730,250	(38,189)	1,630,225	1,730,250	100,025	61,836
Contract Services	-	-	-	1,180,669	520,587	(660,082)	(660,082)
	7,861,564	8,611,033	(749,469)	13,580,773	13,171,395	(409,378)	(1,158,847)
Total NCHC Programming	23,613,973	23,468,671	145,302	29,604,275	28,676,109	(928,166)	(782,864)
Base County Allocation	2,539,849	2,541,974	(2,125)				(2,125)
Nonoperating Revenue	184,152	226,097	(41,944)				(41,944)
County Appropriation	2,161,659	2,161,659	-				-
Excess Revenue/(Expense)	28,499,633	28,398,400	101,233	29,604,275	28,676,109	(928,166)	(826,933)

**North Central Health Care**  
Review of Services in Mount View Care Center  
For the Year-to-Date Period Ending September 30, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
Direct Services							
Long Term Care	3,023,776	2,692,123	331,653	3,281,777	3,013,123	(268,654)	62,999
Legacies	6,340,206	6,767,195	(426,989)	6,205,832	7,571,195	1,365,363	938,374
Post Acute Care	1,956,228	1,851,349	104,880	2,171,226	2,244,690	73,464	178,344
Vent Unit	3,250,680	3,403,849	(153,168)	3,539,071	3,578,020	38,949	(114,219)
Nursing Home Ancillary	56,035	75,000	(18,965)	48,931	75,000	26,069	7,103
Rehab Services	1,417,908	1,508,051	(90,143)	804,539	940,539	136,000	45,857
Riverview Terrace	29,539	-	29,539	38,769	-	(38,769)	(9,230)
Total NCHC Programming	16,074,372	16,297,566	(223,194)	16,090,145	17,422,566	1,332,421	1,109,227
County Appropriation	1,125,000	1,125,000	-				-
Excess Revenue/(Expense)	17,199,372	17,422,566	(223,194)	16,090,145	17,422,566	1,332,421	1,109,227
Aquatic	501,631	767,018	(8,629)	792,256	1,023,777	231,521	222,893
County Appropriation	256,759						

**North Central Health Care**  
Review of Services in Pine Crest Nursing Home  
For the Year-to-Date Period Ending September 30, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
Direct Services							
Long Term Care	5,775,898	5,952,749	(176,850)	6,220,795	5,968,799	(251,997)	(428,847)
Rehab Care (Post Acute)	1,919,416	1,641,098	278,318	1,546,765	1,777,109	230,343	508,661
Hospice Care	633,807	836,922	(203,115)	648,174	955,844	307,670	104,555
Special Care	1,635,372	1,431,356	204,016	1,284,211	1,490,986	206,775	410,791
Nursing Home Ancillary	241,693	262,500	(20,807)	296,720	262,500	(34,220)	(55,027)
Rehab Services	726,340	720,750	5,590	650,048	720,750	70,702	76,291
Total NCHC Programming	10,932,526	10,845,375	87,151	10,646,714	11,175,986	529,272	616,423
County Appropriation	330,611	330,611	0				0
Excess Revenue/(Expense)	11,263,138	11,175,986	87,151	10,646,714	11,175,986	529,272	616,424

**North Central Health Care**  
Statement of Revenues and Expenses  
For the Period Ending September 30, 2020

	<u>MTD Actual</u>	<u>MTD Budget</u>	<u>MTD Variance</u>	<u>YTD Actual</u>	<u>YTD Budget</u>	<u>YTD Variance</u>
Total Operating Revenue	<u>6,711,330</u>	<u>7,401,276</u>	<u>(689,946)</u>	<u>65,416,786</u>	<u>66,778,668</u>	<u>(1,361,882)</u>
Salaries and Wages	3,205,378	3,565,306	(359,928)	28,868,502	32,209,913	(3,341,411)
Fringe Benefits	1,242,819	1,485,449	(242,630)	10,435,953	13,422,577	(2,986,624)
Departments Supplies	1,130,338	875,712	254,626	8,680,666	7,869,504	811,162
Purchased Services	816,445	573,406	243,039	7,432,969	5,217,324	2,215,645
Utilitites/Maintenance Agreements	536,541	360,279	176,262	4,576,133	3,235,282	1,340,851
Personal Development/Travel	31,200	43,740	(12,541)	222,853	393,629	(170,776)
Other Operating Expenses	153,264	209,059	(55,794)	1,336,287	1,876,531	(540,244)
Insurance	94,205	43,611	50,595	425,807	391,164	34,643
Depreciation & Amortization	210,962	222,842	(11,880)	1,907,965	2,005,575	(97,610)
Client Purchased Services	<u>163,966</u>	<u>75,000</u>	<u>88,966</u>	<u>1,474,436</u>	<u>675,000</u>	<u>799,436</u>
	7,585,119	7,454,404	130,715	65,361,570	67,296,500	(1,934,929)
Nonoperating Income	<u>26,213</u>	<u>30,833</u>	<u>(4,620)</u>	<u>212,479</u>	<u>277,500</u>	<u>(65,021)</u>
Excess Revenue/(Expense)	<u>(847,576)</u>	<u>(22,295)</u>	<u>(825,281)</u>	<u>267,696</u>	<u>(240,332)</u>	<u>508,026</u>



**North Central Health Care**  
Invested Cash Reserves  
For the Period Ending September 30, 2020

Institution	Length	Maturity Date	Interest Rate	Amount
Abby Bank	365 Days	11/1/2020	1.80%	500,000
PFM Investments	365 Days	12/4/2020	1.75%	245,000
PFM Investments	365 Days	12/4/2020	1.75%	245,000
CoVantage Credit Union	456 Days	12/9/2020	2.00%	500,000
PFM Investments	365 Days	12/17/2020	1.95%	245,000
PFM Investments	365 Days	12/17/2020	1.95%	245,000
Abby Bank	365 Days	12/30/2020	1.40%	500,000
PFM Investments	365 Days	12/30/2020	1.70%	245,000
PFM Investments	365 Days	12/30/2020	1.75%	245,000
PFM Investments	365 Days	12/30/2020	1.78%	245,000
PFM Investments	365 Days	12/30/2020	1.75%	245,000
Abby Bank	730 Days	1/6/2021	2.65%	500,000
BMO Harris	335 Days	1/26/2021	1.50%	500,000
CoVantage Credit Union	456 Days	1/29/2021	1.99%	305,552
PFM Investments	368 Days	2/16/2021	1.75%	245,000
PFM Investments	368 Days	2/16/2021	1.74%	245,000
CoVantage Credit Union	455 Days	2/19/2021	1.99%	500,000
Abby Bank	730 Days	2/25/2021	2.65%	500,000
CoVantage Credit Union	455 Days	3/3/2021	1.99%	500,000
CoVantage Credit Union	730 Days	3/8/2021	2.72%	500,000
PFM Investments	271 Days	4/5/2021	0.25%	248,000
BMO Harris	334 Days	4/30/2021	0.75%	500,000
PFM Investments	273 Days	6/7/2021	0.25%	248,000
PFM Investments	273 Days	6/7/2021	0.20%	248,000
Abby Bank	730 Days	7/19/2021	2.45%	500,000
People's State Bank	365 Days	5/29/2021	0.75%	350,000
People's State Bank	365 Days	5/30/2021	0.75%	500,000
PFM Investments	365 Days	6/16/2021	0.55%	248,000
PFM Investments	365 Days	6/16/2021	0.50%	248,000
PFM Investments	365 Days	7/8/2021	0.45%	248,000
People's State Bank	365 Days	8/21/2021	0.45%	500,000
Abby Bank	365 Days	8/29/2021	0.60%	500,000
Abby Bank	546 Days	3/1/2022	0.65%	500,000
Total Funds Available				12,093,552
Weighted Average	438 Days		1.49%	

**North Central Health Care**  
Summary of Revenue Write-Offs  
For the Period Ending September 30, 2020

	<u>MTD</u>	<u>YTD</u>	<u>Prior YTD</u>
Inpatient			
Administrative Write-Off	14,544	242,021	71,504
Bad Debt	(18)	4,418	771
Outpatient			
Administrative Write-Off	10,645	95,793	81,528
Bad Debt	(2)	1,295	4,944
Nursing Home Daily Services			
Administrative Write-Off	1,656	21,129	8,703
Bad Debt	(4,380)	(774)	1,623
Nursing Home Ancillary Services			
Administrative Write-Off	42	394	2,028
Bad Debt	-	-	-
Pharmacy			
Administrative Write-Off	92	270	876
Bad Debt	91	471	14
Grand Total			
Administrative Write-Off	26,979	359,608	164,640
Bad Debt	(4,308)	5,410	7,351

## MEMORANDUM

DATE: October 22, 2020  
TO: North Central Community Services Program Board  
FROM: Jaime Bracken, Chief Nursing officer  
RE: Monthly Nursing Services Report

---

The following items are general updates and communications to support the Board on key activities and/or updates of Nursing Services since our last meeting:

### **Program Updates:**

#### Nursing Services

- Finalizing the process to roll out a process for all areas to create a Scope of Service to communicate mission and vision as well as the services provided. This will be rolled out organization wide to be completed by year end.

#### Infection Prevention and Control (ICP)

- The ICP team continues to work diligently to keep up with all of the COVID-19 activity and respond to changing guidelines and recommendations.
  - The team is doing tremendous work with the program leaders to ensure testing and tracing is completed.
  - The nursing homes are currently required to test all staff and residents on a routine basis which can be up to 2 times per week depending on the location. Teams are performing hundreds of tests per week and managing the process well.
- Infection Control and Prevention RN- Shelley Mueller started with us on 10/19

#### Education Program

- Nurse Educator position recruitment - in process
- Our Policy and Procedure Committee had our first meeting and is quickly showing great progress. This will provide a consistent process for our organization to ensure regulatory compliance as well as provide relevant resources for staff.
- The education team will conduct a gap analysis in November to better identify the learning and education gaps for each program. This will ensure that all staff training others are prepared and have the tools and resources to be able to on-board new staff to ensure competencies as well as a reduction in staff turnover.

#### Long Term Care Programs

- Teams are doing a great job following COVID-19 related policies and procedures to keep our residents safe!
- Currently working with our referral partners in the community to update our admission process to admit COVID-19 positive patients more quickly while continuing to protect our other residents. We strive to create a more collaborate partnership with our community health systems as well as keep our residents closer to home.

### Behavioral Health Services (BHS)

- The Inpatient BHS team has been assisting with the on-boarding of the new staff for the youth hospital and has done a great job managing extra staff and students on their unit.
- Director of Nursing for Behavioral Health- Barbara Klinner will start on 11/2
- Inpatient Nurse Manager Behavioral Health- Kris Pearson will start on 11/2
- Outpatient Nurse Manager Behavioral Health- Lyndsay Leach will start on 11/2
- Working on on-boarding plan for new leadership to ensure strong framework and collaboration with the operations team.

### Pharmacy Services

- Continue to lead the medication administration committee- Goal to reduce medication errors by 50% by 12/31/20.
- Updated safety zone reporting to ensure that staff are completing the incident reports completely and we can better use the data to trend medication errors.

### Clinical Excellence and Quality

- Finalizing 2021 Nursing Quality and Performance plan- will share next month.
- Finalizing the Nursing Services Objectives Key Results (OKR) for 2021- will share next month.
- 2020 Quarter 4 OKRs Overview
  - Objective: Clinical staff adherence to the medication administration policy
  - Objective: Promote a culture of Zero Harm for residents and patients
  - Objective: Reduction of staff burn out and improve resiliency



# North Central Health Care

Person centered. Outcome focused.

## CERNER UPDATE

Tom Boutain, Information Services Executive  
October 2020

# What Success Looks Like

- Cerner Integrated Community Behavioral Health
- Lab Integration with Aspirus
- Scheduled Video Visits
- Cerner Immunizations Hub
- Mobile Physician
- Kiosk Client Check-in
- Eligibility & Verification: Address Validation Included
- Automated Appointment Reminders





# Gantt View (Targeted Milestones)

Event	10/19	10/26	11/2	11/9	11/16	11/23	11/30	12/7	12/14	12/21	12/28	1/4	1/11	1/18	1/25
Project Launch Call															
Executive Alignment (2 days)															
Data Collection Completion/Upload															
Solution Build															
Weekly Project call															
Billing Design Session (3 days)															
Future State Workflow Review (2 days)															
Future State Validation															
Registration/Scheduling & CCBH Rev Training (4.5 days)															
Clinical Super User Training (3 days)															
Integration Testing															
End User Training															
Historical Data Migration															
Maintenance Training (1.5 days)															
Pre-conversion prep (2.5 days)															
CCBH Reg Stop/Rev Cut Over															
Clinical Go live (3 days)															
Post Go live Health Check (2 days)															
Remote event															
Onsite event															
Client event															
Holiday week															



North Central Health Care  
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# Upcoming Milestones

- Super User Kick Off 10/27
  - Leaders Identified Key Users in each Program Area
  - Set Expectations as the “Go To” for End-User Training and Support
- Future State Workflow Review 11/4 -11/6
  - Cerner Implementation Team Onsite for Event
  - First Opportunity for Super Users to Review and Validate End-to-End Future State Workflows using NCHC’s Configuration in our Train Environment

## **NCCSP BOARD SELF-EVALUATION – SUMMARY OF RESULTS**

September 24, 2020 - *The NCCSP Board is being asked to review the summary of results and come prepared to discuss and prioritize the Board's action plan for continuous improvement of governance in the coming year.*

61.5% Board Member self-evaluation participation rate as compared to 100% in 2019.

### **Policy Governance Questions**

1. Similar to 2019, the Board has self-identified the opportunity to more effectively monitor the Executive Limitations.
2. The Board could be doing a better job being proactive with policy development.
3. The Board needs to focus on “cultivating a credible link between ownership, stakeholders and NCHC.

### **Top 5 Strengths by Highest Mean Score (5.0 Highest Possible Score)**

1. (4.5) Q23. Quality of Preparation – Calendar of meetings are set and distributed for the year; agenda for the individual meetings sent out sufficiently ahead of time with indication of expected focus/high important areas for Board consideration; Board receives quality background materials well in advance of meetings and arrive well prepared.
2. TIED (4.25) Q8. Process for strategic planning and quality of Board participation - There is a formal process for Board involvement that specifies broad framework (timing and content) for strategic planning; joint Board and management ownership of strategic plan with some Board members heavily involved; and active discussion by the entire Board supported by needed facts/materials before final approval.

TIED (4.25) Q14. Fiduciary and other regulatory compliance – Board ensures timely, independent audit of results and internal processes; Board understands compliance required to regulatory bodies; feedback from auditors/regulators forms basis of recovery plan monitored by Board.

3. (TIED 4.0) Q11. Financial needs assessment - Board works with management as a part of strategic planning process to develop a multi-year view of funding requirements and trade-offs embedded in different resource levels; Board feels strong ownership for the targets.

(TIED 4.0) Q16. Process for monitoring performance – Board routinely monitors and discusses the performance of individual programs in addition to organizational performance and uses results to inform the strategic plan, resource allocation, and evaluation of the CEO.

(TIED 4.0) Q19. Developing a plan for improving Board performance over time – Formal process (e.g., self-assessment) results in a clear plan for improvement; Board collectively owns the topic of improving its value to the organization.

### **Top 5 Priority Areas for Improvement by Lowest Mean Score (1.0 Lowest Possible Score)**

1. (2.75) Q24. Effective meeting processes - Meetings start and end on time and time is managed to ensure Board discussion on all important topics; minimal 'show and tell' by the CEO/staff; most time dedicated to Board discussion and debate on important issues. Board members feel involved and their contributions valued.
2. (3.0) Q25. Fun and Passion - Board interactions are productive and enjoyable; good mixture of work and fun activities including effective efforts to connect Board members to the mission (e.g., site visits); Board members hate to miss meetings.
3. (3.125) Q17. Board understanding of accountability – Board identifies primary stakeholders and ensures that performance results are communicated effectively to the stakeholders.
4. (TIED 3.25) Q10. Succession planning – Board has explicit view on succession and actively works with the CEO to identify internal candidates and provide development opportunities for the top candidates to “round out” their skills.

(TIED 3.25) Q13. Board role in financial planning - Board's active involvement in preparing/reviewing multi-year financial plan results in robust discussion of resource allocation, funding plans, and investment objectives in context of strategic goals.

(TIED 3.25) Q22. Diversity on the Board - Board understands types of diversity needed for organization and the value of diversity; current diversity on the Board adequately reflects the diversity of the community we serve.

### **Top 3 Priority Areas for Improvement by Statistical Variability**

1. Q12. Board understanding of reputation objectives and of the role the Board can play in building/enhancing reputation – Needs for reputation building based on strategic view of organizational objectives; needs identified in detail to allow meaningful roles to be identified for individual directors.
2. Q18. Process for obtaining and using feedback from stakeholders – Board has formal process in place to obtain feedback from stakeholders without filters by the management; Board ensures that the results from the stakeholder feedback are used to inform strategy and resource allocation.
3. Q21. Process and criteria for recruitment – Formal Board recruitment process with clear evaluative criteria is in place; management reaches out to potential members from a wide range of sources; recruitment process is continuous with multi-year horizon; new members are seen as great additions to the Board.

## **Recommended and Prioritized Action Plan for the NCCSP Board**

In 2019, the NCCSP Board developed the following prioritized action plan:

1. Direct staff to develop an annual stakeholder summit in March.
2. Board will have facilitated discussion on defining diversity and cultural competency to match the identity of our community.
3. Develop a process and criteria for Board recruitment (this would require defining Board composition prior).
4. Develop an annual CEO Succession exercise for the Board to conduct both with the CEO and in Executive Session (Closed Session without the CEO).
5. Facilitate a discussion on the quality of the strategic plan to gain better alignment of expectations and structure of the formal strategic plan.

The Board's Action Plan was disrupted by three major elements. The Board had a large gap in their meeting schedule between the meeting January and mid-April meetings. There was a lack of quorum in February and no scheduled March meeting to accommodate for the spring break schedule. The other major factors include the significant Board turnover in May due to the new Joint County Agreement and moving to a virtual environment for Covid-19. Despite these impediments, Action Plan items 2, 3, and 4 should be completed soon.

There are several key elements to consider in developing the Board's Action Plan for the upcoming year:

- The two lowest mean scores were not issues in the past survey and have risen to the top.
- The Board needs to address strengthening the structure around Executive Limitations to be more comfortable in their oversight and fiduciary responsibilities in such a way that would eliminate staff report outs and thereby allow more time for deliberation.
- The Board should consider conducting an exercise on stakeholder identification and providing direction to staff to develop a plan for stakeholder outreach and how the Board can assist in building the reputation of the organization.
- The Board needs to consider discussing how the meeting can be designed to allow for more debate and deliberation around significant policy or issues. This desire is driven to a large degree from a negative response to operating as a new Board in a completely virtual environment.
- There are several carry-over items that are planning to be addressed in the coming months that the Board should plan for to keep on track.

# Policy Governance Manual



North Central Health Care  
Person centered. Outcome focused.

ADOPTED: FEBRUARY 28, 2018

MOST RECENT AMENDMENT: [SEPTEMBER 24, 2020](#)

**Deleted:** OCTOBER 31, 2019

1100 Lake View Drive | Wausau, WI 54403 | 715.848.4500

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## Mission

Langlade, Lincoln and Marathon Counties partnering together to provide compassionate and high quality care for individuals and families with mental health, recovery and long-term care needs.

Deleted: skilled nursing

## Vision

Lives Enriched and Fulfilled.

## Board End Statements

### *People*

Individuals served by North Central Health Care will have excellent outcomes as a result of a stable, highly qualified and competent staff who take pride in their work and the organization.

As an employer of choice, we will provide a career of opportunity through active learning and a commitment to continuous improvement.

Deleted: North Central Health Care will be an

Deleted: with a strong caring culture, fostering a learning environment

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Deleted: opportunities

Deleted: for growth and development, and ensuring a best practices focus

Deleted: Consumer and referral source

Deleted: North Central Health Care meets or exceeds established regulatory requirements and best practice guidelines. We are a leader in our ability to assess and develop a comprehensive treatment plan, deliver excellent services and measure outcomes in real-time.

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Deleted: after delivering services, constantly aware of our collective impact on the health of the population we serve.

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### *Service*

We exceed our stakeholder's expectations and satisfaction as a result of our readiness, clarity of communication, and superb ability to follow through.

### *Quality*

We are a regionally unequal mental health, recovery, and long-term care provider, as demonstrated by functional improvements and the positive perception that care is considered safe, effective, person-centered, reliable, and equitable.

### *Community*

Our Community will be able to access our services through a highly responsive and seamless integration of services. We have strong affiliations with both public and private partners, proactively collaborating, and developing a continuum of care prior to and following service delivery.

### *Financial*

We are a financially viable organization providing increasing value by driving efficiency, growth and diversification, being highly adaptable to changing conditions, and futuristic in our perspective.

## Section 1 - Executive Limitations

### CORE POLICY STATEMENT

Executive Limitations are constraints on executive authority which establish the prudential and ethical boundaries for which all executive activity and decisions must take place.

#### Policy 1.1 – General Executive Constraint

The Chief Executive Officer shall not cause or allow any activity, decision, organizational circumstance or practice (imprudent or in violation of commonly accepted business and professional ethics or regulations of funding or regulatory bodies) to jeopardize the public image of North Central Health Care (“NCHC”) or to result in a failure to be duly licensed or accredited by the proper agencies necessary to deliver services as authorized by the Board.

#### Policy 1.2 – Treatment of Consumers, Community Partners & the Public

With respect to interactions with consumers, community partners and the public, the CEO shall not:

- 1) Cause or allow conditions, procedures, or decisions that are unprofessional, unsafe, untimely, undignified or unnecessarily intrusive and/or which fail to provide the appropriate confidentiality or privacy.
- 2) Fail to communicate a clear understanding of what may/may not be expected from services offered and failing to ensure consumers, community partners and the public are informed of their rights and responsibilities and are supported in exercising those rights and responsibilities.
- 3) Fail to inform or provide a grievance process to those who believe they have not been given a reasonable interpretation of their rights.

#### Policy 1.3 – Treatment of Employees & Volunteers

With respect to interactions with employees and volunteers, the CEO shall not:

- 1) Cause or allow conditions that are unsafe, unfair, unprofessional, or undignified.
- 2) Operate without written personnel policies which clarify rules, provide for effective handling of grievances and/or protect against wrongful conditions.
- 3) Violate federal and state employment laws.
- 4) Fail to acquaint employees with their rights under this policy.
- 5) Allow staff to be unprepared to deal with emergency situations.

#### Policy 1.4 – Financial Planning & Budgeting

The CEO shall not cause or allow financial planning for any fiscal year or the remaining part of any fiscal year to deviate materially from the Board's End Statements. Further, the CEO shall not:

- 1) Fail to have a sound financial plan that accurately budgets, forecasts, monitors, and reports spending. The CEO shall not fail to report to the Board material differences between budgeted, actual and forecasted spending.
- 2) Permit Financial Planning & Budgeting activities to contain insufficient information, omit credible projection of revenues and expenses, or provide clear detail in the separation of capital and operational items, cash flow, and disclosure of planning assumptions.
- 3) Endanger the fiscal soundness or the building of organizational capability sufficient to achieve the End Statements in future years.

#### Policy 1.5. – Financial Conditions & Activities

With respect to ongoing financial conditions and activities, the CEO shall not cause or allow the development of financial jeopardy or material deviation of actual expenditures from Board priorities established in End Statements. Further, the CEO shall not:

- 1) Allow or cause NCHC to spend beyond the financial resources provided or to jeopardize NCHC's long-term financial viability or stability.
- 2) Fail to maintain accurate internal accounting records, controls and reports meeting Generally Accepted Accounting Principles (GAAP).
- 3) Fail to assure that NCHC meets working capital, restricted reserves and fund balance requirements unless approved by the Board.
- 4) Fail to invest and protect operational capital and excess funds consistent with Board's cash management and investment policies.
- 5) Indebt NCHC using any formal debt instrument other than incidental use of credit cards for authorized purchases.
- 6) Allow government ordered payments, filings or reporting to be overdue or inaccurately filed.
- 7) Pledge assets as security within any contracts without Board approval.
- 8) Sell property for less than Fair Market Value ("FMV") or if the FMV is greater than \$30,000.
- 9) Acquire, encumber, or dispose of real estate.

#### Policy 1.6 – Benefits & Compensation

With respect to employment, compensation, and benefits to employees, consultants, contract workers, and volunteers, the CEO shall not cause or allow jeopardy to quality of care, financial integrity or to public image. Further the CEO shall not:

- 1) Cause or allow compensation and benefits that deviate materially from that approved by the Board of Directors.
- 2) Fail to establish benefits or compensation which materially deviate from the geographic or professional market for the skills employed or that may harm NCHC's competitive position.
- 3) Promise or imply permanent or guaranteed employment.

#### Policy 1.7 – Asset Protection

With respect to asset protection, the CEO shall not cause or allow organizational assets to be unprotected, inadequately maintained, or unnecessarily risked. Further, the CEO shall not:

- 1) Fail to insure against theft and casualty losses to an appropriate level and against liability losses to directors, employees, volunteers and NCHC itself in an amount greater than an amount to be specified by separate Board policy.
- 2) Fail to develop and maintain a corporate compliance plan along with appropriate financial risk management practices consistent with the risk tolerance of the Board. The plan must adequately address fraud and abuse risks. The CEO shall not substitute his/her own risk tolerance for that of the Boards.
- 3) Fail to manage the physical assets of the organization so as to: maintain an inventory system which accounts for all equipment and furniture; provide a quality work area for employees; preclude any and all liability exposure for the organization; dispose of unneeded equipment and furniture consistent with accepted safety and recycling recommendations and all requirements which may apply based upon the origin and funding for such equipment and furniture.
- 4) Compromise the independence of the Board's audit or other external monitoring or advice.

#### Policy 1.8 – Emergency Executive Succession

The CEO shall not permit there to be fewer than two other Executives sufficiently familiar with Board and CEO issues and processes to enable either to take over with reasonable proficiency as an interim successor.

#### Policy 1.9 – Communication & Counsel to the Board

The CEO shall not fail to inform or support the Board in carrying out its responsibilities. Further, the CEO shall not:

- 1) Neglect to submit monitoring data required by the Board in a timely, accurate and understandable fashion, directly addressing provisions of the Board policies and Ends Statements being monitored.
- 2) Allow the Board to be unaware of any actual or anticipated noncompliance with any Ends or Executive Limitations policy of the Board regardless of the Board's monitoring schedule.
- 3) Let the Board be unaware of any significant incidental information it requires including relevant trends, anticipated adverse media coverage, threatened or pending lawsuits, material internal and external changes, and/or changes in the assumptions upon which any Board policy has previously been established.
- 4) Fail to report an actual or anticipated issue of non-compliance with any Board policy in a timely manner.
- 5) Fail to deal with the Board as a whole except when: (a) fulfilling individual requests for information; (b) responding to Officers or Board Committees duly charged by the Board; and/or (c) discussing confidential or sensitive matters.

#### Policy 1.10 – Regulatory Compliance

The CEO shall not allow nor cause NCHC to fail in meeting all regulatory and statutory requirements related to the delivery of services approved by the Board, or cause NCHC to fail to meet contractual requirements with third-party payers. Further, the CEO shall not:

- 1) Fail to process claims within industry guidelines and regulatory standards for processing efficiency, claims accuracy, and payment timelines.
- 2) Fail to assure that the responsible third-party payers are billed for services on a timely basis and consistent with generally acceptable accounting practices.
- 3) Fail to have a formal quality management function that systematically identifies compliance and performance problems and take corrective actions to resolve the problems and prevent future problems.
- 4) Cause or allow providers without required credentials to serve consumers or fail to assure that provider performance meets or exceeds basic standards for cost, quality, and delivery.
- 5) Fail to prohibit particular methods and activities to preclude grant funds from being used in imprudent, unlawful, or unethical ways.

#### Policy 1.11 – Other Board Policies

The CEO shall not fail to implement or adhere to any other adopted Board Policy.

### Section 2 - Board Governance Process

#### CORE POLICY STATEMENT

The North Central Community Services Program Board is accountable to the Langlade, Lincoln and Marathon County Boards, providing governance leadership consistent with Carver Policy Governance concepts, by assuring that North Central Health Care:

- a) Achieves appropriate results for appropriate persons for appropriate costs as specified in Board Ends Policies, and
- b) Avoids unacceptable actions and situations as prohibited in Board Executive Limitations policies.

#### Policy 2.1 – Governing Style

The Board will govern lawfully, observing the principles of the Policy Governance model, with an emphasis on:

1. Outward vision rather than an internal preoccupation;
2. Encouragement of diversity in viewpoints;
3. Strategic leadership more than administrative detail;
4. Clear distinction of Board and Chief Executive roles;
5. Collective rather than individual decisions;
6. Future orientation, rather than past or present; and
7. Proactivity rather than reactivity.

Further, the Board will:

8. Cultivate a sense of group responsibility. The Board will be responsible for excelling in governing. The Board will be an initiator of policy, not merely a reactor to Management initiatives. The Board may use the expertise of individual members to enhance the ability of the Board as a body, rather than to substitute the individual judgments for the Board's values.
9. Direct, control and inspire the organization through the careful establishment of broad written policies reflecting the Board's values and perspectives. The Board's major policy focus will be on outcomes value and the limitation of risk, not on Management methods of attaining those effects.
10. Enforce upon itself whatever education and potential corrective action is needed to govern with excellence. Discipline will apply to matters such as attendance, preparation for meetings, policymaking principles, respect of roles, and ensuring the continuity of



governance capability. Although the Board can change its governance process policies at any time, it will observe them in full effect while in force.

11. Continual Board development will include orientation of new members in the Board's governance process and periodic Board discussion of process improvement.
12. The Board will monitor and discuss the Board's process and performance at regular intervals and formally on an annual basis no later than the October meeting of each calendar year. Self-monitoring will include comparison of Board activity and discipline to policies in the Governance Process and Board-Management Delegation categories.
13. The Board will not allow the Chair, any Director, or any Committee of the Board to hinder the fulfillment of its commitments or be an excuse for not fulfilling those commitments.

#### Policy 2.2 – Board Job Description

The Board's specific job outputs, as an informed agent of the ownership and corresponding contractual obligations, are those that ensure an unbroken chain of accountability from stakeholders to the appropriate organizational performance. These include the responsibility to:

1. Cultivate a credible link between ownership, stakeholders and NCHC.
2. Establish written governing policies that address the broadest levels of all NCHC decisions and situations including:
  - a. End Statements: Expected performance in terms of the organizational impacts, benefits, outcomes and recipients of benefits desired by owners, stakeholders and beneficiaries.
  - b. Executive Limitations: Constraints on executive authority that establish the prudence and ethics boundaries within which all executive activity and decisions must take place.
  - c. Governance Processes: Specification of how the Board conceives, carries out and monitors, and ensures long-term competence in its own tasks.
  - d. Board-Management Delegation: Describes how power is delegated and its proper use monitored; the CEO's role, authority and accountability.
3. Assurance of successful management performance stated in Ends Statements and Executive Limitations.

#### Policy 2.3 – Board Agenda Planning

To accomplish its job with a governance style consistent with Board policies, the Board will follow an annual agenda which (a) completes a re-exploration of Ends Statement policies, (b) reexamines Executive Limitations policies and their sufficiency of their protection from risk, and (c) continually improves Board performance through Board education, enriched input and deliberation.

1. The cycle will conclude each year on the last day of December, so that administrative planning and budgeting can be based on accomplishing a one year segment of the Board's stated Ends Statements.
2. The cycle will start with the Board's development of its agenda for the next year.
  - a. Consultations with selected groups in the ownership or other methods of gaining ownership input will be determined and arranged in the fourth quarter.
  - b. Governance education and education related to Ends determination will be arranged in the first quarter, to be held during the balance of the year.
3. When incorporated as part of an agenda, the Board will attend to the consent agenda items as expeditiously as possible.
4. CEO monitoring will be included on the agenda if monitoring reports show policy violations, or if policy criteria are to be debated.
5. CEO compensation will be recommended for adoption after a review of the elements of the CEO's employment agreement and review of monitoring reports received in the last year, as soon as practical during the first quarter.
6. The Board Chair's finalization of each meeting agenda will provide the flexibility to include emerging issues, the recommendation of additional items by individual directors, and a public comment period. Any individual Board member has the ability to request the Board Chair include an item on a future Board meeting agenda. The Board Chair will comply with all requests on a timely basis. All agendas will be created, posted, and conducted consistent with Wisconsin Open Meeting law requirements.
7. In order to assist the Board Chair with assuring Board meetings and process are conducted consistent with the adopted Policy Governance model, the Chair-Elect of the Board is assigned the duty of observing and monitoring Board meeting activity and is charged with identifying and bringing to the Board's attention opportunities for proceeding improvements.

#### Policy 2.4 – Board Chair Role

The Chair of the Board is a specially empowered member of the Board, the Chief Governance Officer, whose role is to assure the integrity of the Board's process and, secondarily, represent the Board as needed to outside parties, including, but not limited to, owners/stakeholders.

1. The successful discharge of duties of the Chair's job is that the Board behaves consistently with its own rules and those legitimately imposed upon it from outside the organization.
  - a. Meeting discussion content will be on those policy issues that, according to Board policy, belong to the Board to decide or monitor, not to the CEO.

- b. Deliberation will be fair, open, and thorough, but also timely, orderly, and kept to the point.
- 2. The authority of the Chair consists in making decisions that fall within topics covered by Board policies on Governance Process and Board-CEO Relationship policies, with the exception of employment or termination of a CEO and any portions of this authority that the Board specifically delegates to others. The Board Chair is authorized to use any reasonable interpretation of the provisions in Governance Process and Board-CEO Relationship policies.
  - a. The Board Chair is empowered to chair Board meetings with all the commonly accepted power of that position, such as ruling and recognizing.
  - b. The Chair has no authority to make decisions about policies created by the Board within Ends and Executive Limitations policy areas. As requested by the CEO, the Board Chair may assist the CEO with interpretation of the Board's policy statements.
  - c. The Board Chair may represent the Board to outside parties in announcing Board-stated positions and in stating Chair decisions and interpretations within the area delegated to the Chair.
  - d. The Chair may delegate this authority to another Director but remains accountable for its use.

#### Policy 2.5 – Director's Conduct

The Board commits itself and its members to ethical, businesslike and lawful conduct, including proper use of authority and appropriate decorum when acting as directors.

- 1. Members must have loyalty to the ownership that is not conflicted by loyalties to management, other organizations and any self-interest.
- 2. Shall not attempt to exercise individual authority over NCHC.
- 3. Will properly prepare themselves for Board meetings and deliberations.
- 4. Will respect to the confidentiality appropriate to issues of a sensitive nature, and respectful of applicable public body open meeting requirements including those set forth in 19.81(2), Wis. Stats. and the specific exceptions permitted under 19.85(1), Wis. Stats:
  - a. Information disclosed or discussed in a permitted closed session of the Board or authorized subsidiary body shall be kept in confidence by closed session participants and not disclosed to non-participants in any manner.
  - b. While Board actions based on such information will necessarily become public information when taken or reported when the body reconvenes in public session,

the closed session proceedings and disclosures remain confidential unless and until such time as the Board acts to make some or all of them public.

#### Policy 2.6 – Conflict of Interest

Members of the Board of Directors must avoid conflict of interest with respect to their fiduciary duties.

1. Members will annually disclose their involvements with other organizations or with vendors and any associations that might be reasonably seen as representing a conflict of interest. The Wisconsin code of ethics for public employees and criminal justice penalties sections of State Statutes pertaining to public officials and conflicts of interest apply to all NCHC Board of Directors.
2. Disclosing Conflicts of Interests. Consistent with and as a means of implementing State Statutes and public employee code of ethics, at the beginning of each Board meeting, or as soon thereafter when it is determined by the individual Board member that they have a conflict of interest, they will announce their conflict of interest regarding topic(s) to be discussed by the Board. Upon disclosing a conflict of interest, that individual Board member will recuse themselves from the discussion and/or voting on that/those particular issue(s). Each individual Board member is personally responsible for identifying and announcing their own conflicts of interest. In the interest of the Board identifying all real and/or perceived conflicts of interests, it is an acceptable practice for a Board member to inquire of another Board member to determine if that Board member may have overlooked or not recognized a real or perceived conflict of interest.

#### Policy 2.7 – Board Committee Principles

Board Committees, when used, will be assigned so as to reinforce the wholeness of the Board's job and so as never to interfere with delegation from the Board to the CEO.

1. Board Committees are to help the Board do its job, not to help, advise or exercise authority over Management. Committees will assist the Board ordinarily by preparing policy alternatives and implications for Board deliberation or by performing specific audit functions.
2. Committees will be used sparingly and ordinarily in an ad-hoc capacity.
3. Board Committees may not speak or act for the Board except when formally given such authority for specific and time-limited purposes.
4. Expectations, composition, and authority of each committee will be carefully stated by policy in order to establish performance timelines and the monitoring schedule of committee work, as well as to avoid conflicting with authority delegated to the CEO.
5. Board committees cannot exercise authority over staff. The CEO works for the full Board, and will therefore not be required to obtain the approval of a Board committee before an executive action.

6. A committee is a Board committee only when its existence and charge come from the Board, whether or not Directors sit on the committee. This policy does not apply to committees formed under the authority of the CEO.

#### Policy 2.8 – Board per Diem and Travel Expense Reimbursement

Because poor governance costs more than learning to govern well, the Board will invest in its governance capacity.

1. To provide fair and equitable per diem and expense reimbursement for attendance of Directors at authorized Board or Committee meetings and Board Related events, the following policy shall be applied:
  - a. Per Diem stipends for community members serving on the Board will be \$100 per each meeting attended for all official meetings of the Board or any Board authorized Committee. Per Diem stipends for a County Board Supervisor or County Employee serving on the Board will be determined according to each County's policy, but shall be paid/reimbursed by NCHC as requested by each County if applicable.
  - b. Automobile travel mileage will be reimbursed by NCHC at the allowable rates established by the Internal Revenue Service (IRS).
  - c. Actual meal expenses supported by receipts will be reimbursed consistent with the organization's employee meal reimbursement rates and policies.
  - d. Authorized lodging accommodation (overnight) expenses supported by receipts will be reimbursed at the lodging institution's government rate if available, or at the next lowest rate available.
  - e. Per Diem stipends and travel expense reimbursement for other authorized Board NCHC related/represented activities (e.g., meetings with state officials, consultants, etc.) will be reimbursed under this policy with additional provisions specified as needed to take into account special circumstances.
  - f. A Board expense invoice form shall be created by the CEO and used to claim reimbursement under this policy. All expense reimbursements, except Per Diems and mileage reimbursement related to monthly Board meeting attendance, will be approved by the Board.

#### Policy 2.9 – Charge to the Medical Staff

The Board's accountability for the quality of medical practice will be discharged in part by depending on the medical judgment of an organized Medical Staff. While the formal Medical Staff organization, consisting of all Physicians privileged to practice in the organization, shall be responsible directly to the Board, this does not relieve or otherwise affect the responsibility of individual Physicians to meet requirements duly imposed by the CEO.

1. The Medical Staff will provide to the Board its judgment as to the capability of relevant practices, personnel, and premises to support or provide quality care.
2. The Medical Staff will provide to the Board its judgment as to the qualification of medical practitioners to render services and standards incumbent upon the organization or upon the Medical Staff.
3. The Medical Staff will provide the Board with a representative summary of Physician opinion by September 1 each year with respect to Ends deliberations of the Board.
4. The Medical Staff will be held accountable by the Board for its compliance with all laws, regulations and standards that may be binding on the formal Medical Staff organization itself.
5. The Medical Staff will be accountable for an assessment of medical performance on the criteria in 1 and 2 above;
  - a. Annually by an internal examination by a mechanism established by the Medical Staff; and
  - b. Not less than every three years by an external, disinterested third party of the Board's choice, with whom the Medical Staff must fully cooperate; or
  - c. At any time that the Board deems it necessary by either internal or external audit.

### Section 3 - Board – Chief Executive Officer Relationship

#### CORE POLICY STATEMENT

The Board's sole official connection to the operational organization, its actions and achievements, and conduct shall be through the Chief Executive Officer (CEO). All authority and accountability of employees, as far as the Board is concerned, is considered the authority and accountability of the CEO. While the Board may be required to respond to and operate under a traditional public governmental form of governance, the relationship between the NCHC Board and its CEO will function consistent with the Policy Governance Model.

#### Policy 3.1 – Delegation of Executive Authority

The CEO is accountable only to the Board acting as a body of the whole. Only officially passed motions of the Board are binding on the CEO. The Board will instruct the CEO through the End Statements, Executive Limitations, CEO Position Description, CEO Annual Plan of Work, and other written Board policies, delegating to the CEO, reasonable interpretation and implementation of those policies and expectations.

- 1) Decisions or instructions of individual Board Directors, Officers, or Committees are not binding on the CEO except in rare instances when the Board has specially authorized such exercise of authority.
- 2) The Board will not give instructions to staff who report directly or indirectly to the CEO. Further, the Board shall not conduct an evaluation either formally or informally of any staff other than the CEO. Should the CEO become aware of incidents regarding this policy, the CEO shall report the issue to the Executive Committee for resolution.

#### Policy 3.2 – Monitoring CEO Performance

The systematic and rigorous monitoring of CEO performance shall be solely against the Board's outcomes and management limitations policies as revealed by any formal monitoring system. The CEO's performance assessment will be completed no less than annually through a process designed and implemented by the Board with the following processes:

- 1) Monitoring to determine the degree to which Board policies are being met. Information that does not do this will not be considered to be monitoring information. The Board will acquire monitoring data by one or more of three methods:
  - A. By internal report, in which the CEO discloses compliance information, along with justification for the reasonableness of their policy interpretation;
  - B. By external report, in which an external, disinterested third party selected by the Board, or any certifying or accrediting body, assesses compliance with Board policies, augmented with the CEO's justification for the reasonableness of their policy interpretation; and/or
  - C. By direct Board inspection, in which a designated member or members of the Board assess compliance with policy, with access to the CEO's justification for the reasonableness of their policy interpretation.
- 2) In every case, the standard for compliance shall be any reasonable interpretation by the CEO of the Board policy being monitored. The Board remains the final arbiter of reasonableness.
- 3) All policies that instruct the CEO will be monitored at a frequency and by a method chosen by the Board. The Board can monitor any policy at any time by any method, but will ordinarily depend on a routine schedule.
- 4) The Board may change its policies from time to time, thereby shifting the boundary between Board and CEO domains. By doing so, the Board changes the discretion given the CEO. However as long as any particular delegation is in place, the Board will respect and support the CEO's interpretation and choices.



### Policy 3.3 – Noncompliance Remediation and Grievance Process against the CEO

Board members who allege the CEO has violated Board policy shall contact the Chair about such grievances. The Chair shall present the alleged violations to the Board as a whole.

### Policy 3.4 – CEO Compensation

Compensation will cover all types of compensation including, but not limited to, salary, benefits, and incentive compensation.

- 1) Performance considered for compensation purposes by the Board will only be against stated Board policies as revealed through the formal monitoring system.
- 2) The Board may form a Committee or as a whole, gather compensation information and to provide CEO compensation options and analysis for full Board consideration.
- 3) The Board shall not fail to have a written employment agreement with the CEO, addressing, but not limited to, compensation, performance, and termination.

### Policy 3.5 – CEO Termination

- 1) The CEO serves at the pleasure of the Board and may be terminated for or without cause consistent with the CEO's Employment Agreement.
- 2) Any decision by the Board to terminate the CEO for cause must consider the CEO's performance against stated Board policies as revealed by any formal monitoring system and the CEO Employment Agreement.
- 3) A decision to terminate employment of the CEO must be conducted consistent with the CEO's Employment Agreement and requires a majority vote of a Quorum of Board members at a regularly scheduled Board meeting.

## MEMORANDUM

DATE: October 23, 2020  
TO: North Central Community Services Program Board  
FROM: Michael Loy, Chief Executive Officer  
RE: Board Discussion and Action Item 7G ACTION: *Approval of the Policy Governance Manual*

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**Issue:** The Board reviews the Policy Governance Manual on an annual basis in conjunction with a self-evaluation of governance effectiveness. Recently, the Board also constituted a Governance Committee who in the review of the Policy Governance Manual, identified an opportunity for the Board to strengthen the monitoring of Executive Limitations Section. The Self-Assessment results support this priority as well. This memorandum provides the background and context for facilitating the Board's deliberation on identifying ways to improve monitoring activities.

**Background:** In Policy Governance, there are two basic core principles. First, the Board determines the End Statements, or the results the Board seeks to achieve on behalf of ownership. Second, the Board emboldens its one employee, the Chief Executive Officer, to do all that is necessary to achieve the End Statements with the exception of explicit limitations classified as Executive Limitations. The philosophy is based on the presumption that it is easier to tell the Executive what not to do, as opposed to all the things the Executive needs to do to successfully lead an organization. This approach does not alleviate the Board from its own fiduciary oversight activities. Essentially, the Board must have mechanisms to ensure that the End Statements are being achieved (i.e., Dashboards) and the Executive Limitations are being followed.

In monitoring the Executive in regards to the Executive Limitations, the Board has three main options:

- By internal report, in which the CEO discloses compliance information, along with justification for the reasonableness of their policy interpretation;
- By external report, in which an external, disinterested third party selected by the Board, or any certifying or accrediting body, assesses compliance with Board policies, augmented with the CEO's justification for the reasonableness of their policy interpretation; and/or
- By direct Board inspection, in which a designated member or members of the Board assess compliance with policy, with access to the CEO's justification for the reasonableness of their policy interpretation.

The Board is responsible for determining the methodology, frequency and quality of these monitoring activities. The Board would be well-served now and in the furtherance of future Boards, to strengthen the structure for monitoring Executive Limitations. The following is framework to assist in this process by organizing the Executive Limitations into an organizational and assessment grid. Policy 1.1 – General Executive Restraint has been completed as an example of completing the rest of the work. The Improvement Continuum Classification offers the option of the current state of monitoring to be assessed as reasonably *Sufficient*; needing *Incremental* improvement; needing *Substantial* improvement; or needing a complete *Overhaul*.

**Analysis and Recommendations:**

<b>Policy 1.1 – General Executive Restraint</b>		
<b>Executive Limitation</b>	<b>Improvement Continuum Classification</b>	<b>Monitoring Structure</b>
The Chief Executive Officer shall not cause or allow any activity, decision, organizational circumstance or practice (imprudent or in violation of commonly accepted business and professional ethics or regulations of funding or regulatory bodies) to jeopardize the public image of North Central Health Care (“NCHC”) or to result in a failure to be duly licensed or accredited by the proper agencies necessary to deliver services as authorized by the Board.	Incremental	<p>The Board could require that all media reporting regarding NCHC be sent to the Board.</p> <p>The Board could be provided a monthly regulatory activity report.</p>

The remainder of the sections are left blank to allow the Board to identify a process and direction to complete the remainder of the Board’s work in defining the structure for monitoring the Executive Limitations.

**Policy 1.2 – Treatment of Consumers, Community Partners & the Public**

With respect to interactions with consumers, community partners and the public, the CEO shall not:

<b>Executive Limitation</b>	<b>Improvement Continuum Classification</b>	<b>Monitoring Structure</b>
1) Cause or allow conditions, procedures, or decisions that are unprofessional, unsafe, untimely, undignified or unnecessarily intrusive and/or which fail to provide the appropriate confidentiality or privacy.		
2) Fail to communicate a clear understanding of what may/may not be expected from services offered and failing to ensure consumers, community partners and the public are informed of their rights and responsibilities and are supported in exercising those rights and responsibilities.		
3) Fail to inform or provide a grievance process to those who believe they have not been given a reasonable interpretation of their rights.		

**Policy 1.3 – Treatment of Employees & Volunteers**

With respect to interactions with employees and volunteers, the CEO shall not:

<b>Executive Limitation</b>	<b>Improvement Continuum Classification</b>	<b>Monitoring Structure</b>
1) Cause or allow conditions that are unsafe, unfair, unprofessional, or undignified.		
2) Operate without written personnel policies which clarify rules, provide for effective handling of grievances and/or protect against wrongful conditions.		
3) Violate federal and state employment laws.		
4) Fail to acquaint employees with their rights under this policy.		
5) Allow staff to be unprepared to deal with emergency situations.		

**Policy 1.4 – Financial Planning & Budgeting**

The CEO shall not cause or allow financial planning for any fiscal year or the remaining part of any fiscal year to deviate materially from the Board's End Statements. Further, the CEO shall not:

<b>Executive Limitation</b>	<b>Improvement Continuum Classification</b>	<b>Monitoring Structure</b>
1) Fail to have a sound financial plan that accurately budgets, forecasts, monitors, and reports spending. The CEO shall not fail to report to the Board material differences between budgeted, actual and forecasted spending.		
2) Permit Financial Planning & Budgeting activities to contain insufficient information, omit credible projection of revenues and expenses, or provide clear detail in the separation of capital and operational items, cash flow, and disclosure of planning assumptions.		
3) Endanger the fiscal soundness or the building of organizational capability sufficient to achieve the End Statements in future years.		

**Policy 1.5 – Financial Conditions & Activities**

With respect to ongoing financial conditions and activities, the CEO shall not cause or allow the development of financial jeopardy or material deviation of actual expenditures from Board priorities established in End Statements. Further, the CEO shall not:

<b>Executive Limitation</b>	<b>Improvement Continuum Classification</b>	<b>Monitoring Structure</b>
1) Allow or cause NCHC to spend beyond the financial resources provided or to jeopardize NCHC's long-term financial viability or stability.		
2) Fail to maintain accurate internal accounting records, controls and reports meeting Generally Accepted Accounting Principles (GAAP).		
3) Fail to assure that NCHC meets working capital, restricted reserves and fund balance requirements unless approved by the Board.		
4) Fail to invest and protect operational capital and excess funds consistent with Board's cash management and investment policies.		
5) Indebt NCHC using any formal debt instrument other than incidental use of credit cards for authorized purchases.		
6) Allow government ordered payments, filings or reporting to be overdue or inaccurately filed.		
7) Pledge assets as security within any contracts without Board approval.		
8) Sell property for less than Fair Market Value ("FMV") or if the FMV is greater than \$30,000.		
9) Acquire, encumber, or dispose of real estate.		



**Policy 1.6 – Benefits & Compensation**

With respect to employment, compensation, and benefits to employees, consultants, contract workers, and volunteers, the CEO shall not cause or allow jeopardy to quality of care, financial integrity or to public image. Further the CEO shall not:

<b>Executive Limitation</b>	<b>Improvement Continuum Classification</b>	<b>Monitoring Structure</b>
1) Cause or allow compensation and benefits that deviate materially from that approved by the Board of Directors.		
2) Fail to establish benefits or compensation which materially deviate from the geographic or professional market for the skills employed or that may harm NCHC's competitive position.		
3) Promise or imply permanent or guaranteed employment.		

**Policy 1.7 – Asset Protection**

With respect to asset protection, the CEO shall not cause or allow organizational assets to be unprotected, inadequately maintained, or unnecessarily risked. Further, the CEO shall not:

<b>Executive Limitation</b>	<b>Improvement Continuum Classification</b>	<b>Monitoring Structure</b>
1) Fail to insure against theft and casualty losses to an appropriate level and against liability losses to directors, employees, volunteers and NCHC itself in an amount greater than an amount to be specified by separate Board policy.		
2) Fail to develop and maintain a corporate compliance plan along with appropriate financial risk management practices consistent with the risk tolerance of the Board. The plan must adequately address fraud and abuse risks. The CEO shall not substitute his/her own risk tolerance for that of the Boards.		
3) Fail to manage the physical assets of the organization so as to: maintain an inventory system which accounts for all equipment and furniture; provide a quality work area for employees; preclude any and all liability exposure for the organization; dispose of unneeded equipment and furniture consistent with accepted safety and recycling recommendations and all requirements which may apply based upon the origin and funding for such equipment and furniture.		
4) Compromise the independence of the Board's audit or other external monitoring or advice.		

Policy 1.8 – Emergency Executive Succession		
Executive Limitation	Improvement Continuum Classification	Monitoring Structure
The CEO shall not permit there to be fewer than two other Executives sufficiently familiar with Board and CEO issues and processes to enable either to take over with reasonable proficiency as an interim successor.		

**Policy 1.9 – Communication & Counsel to the Board**

The CEO shall not fail to inform or support the Board in carrying out its responsibilities. Further, the CEO shall not:

<b>Executive Limitation</b>	<b>Improvement Continuum Classification</b>	<b>Monitoring Structure</b>
1) Neglect to submit monitoring data required by the Board in a timely, accurate and understandable fashion, directly addressing provisions of the Board policies and Ends Statements being monitored.		
2) Allow the Board to be unaware of any actual or anticipated noncompliance with any Ends or Executive Limitations policy of the Board regardless of the Board's monitoring schedule.		
3) Let the Board be unaware of any significant incidental information it requires including relevant trends, anticipated adverse media coverage, threatened or pending lawsuits, material internal and external changes, and/or changes in the assumptions upon which any Board policy has previously been established.		
4) Fail to report an actual or anticipated issue of non-compliance with any Board policy in a timely manner.		
5) Fail to deal with the Board as a whole except when: (a) fulfilling individual requests for information; (b) responding to Officers or Board Committees duly charged by the Board; and/or (c) discussing confidential or sensitive matters.		

**Policy 1.10 – Regulatory Compliance**

The CEO shall not allow nor cause NCHC to fail in meeting all regulatory and statutory requirements related to the delivery of services approved by the Board, or cause NCHC to fail to meet contractual requirements with third-party payers. Further, the CEO shall not:

<b>Executive Limitation</b>	<b>Improvement Continuum Classification</b>	<b>Monitoring Structure</b>
1) Fail to process claims within industry guidelines and regulatory standards for processing efficiency, claims accuracy, and payment timelines.		
2) Fail to assure that the responsible third-party payers are billed for services on a timely basis and consistent with generally acceptable accounting practices.		
3) Fail to have a formal quality management function that systematically identifies compliance and performance problems and take corrective actions to resolve the problems and prevent future problems.		
4) Cause or allow providers without required credentials to serve consumers or fail to assure that provider performance meets or exceeds basic standards for cost, quality, and delivery.		
5) Fail to prohibit particular methods and activities to preclude grant funds from being used in imprudent, unlawful, or unethical ways.		

Policy 1.11 – Other Board Policies		
Executive Limitation	Improvement Continuum Classification	Monitoring Structure
The CEO shall not fail to implement or adhere to any other adopted Board Policy.		



# North Central Health Care

Person centered. Outcome focused.

## **Policy Governance Acknowledgement**

As a member of the North Central Community Services Program Board of Directors, I acknowledge:

- ☐ I have received a current copy of the Policy Governance Manual.
- ☐ I have reviewed the Policy Governance Manual in its entirety.
- ☐ I have been provided with an opportunity to ask questions about the information contained in the Policy Governance Manual.
- ☐ I agree to abide by all policies contained in the Policy Governance Manual.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## MEMORANDUM

DATE: October 23, 2020  
TO: North Central Community Services Program Board  
FROM: Michael Loy, Chief Executive Officer  
RE: Board Discussion and Action Item H. EDUCATION: Board Competency Self-Evaluation Results

---

### **Issue**

In the furtherance of governance best practice, the NCCSP Board has moved towards building a competency based framework for Board Member development and recruitment. Annually, each Board Member provides a self-evaluation to establish the level of individual competency. Gaps in competency are then identified as opportunities for development while also informing future Board Member recruitment efforts.

### **Background**

Please reference the attached Board Competencies established by the NCCSP Board and Governance Committee. In the Board's Governance Self-Assessment from 2019, the following question had the 2<sup>nd</sup> lowest mean score, indicating a focused opportunity for improvement.

*Q21. Process and criteria for recruitment – Formal Board recruitment process with clear evaluative criteria is in place; management reaches out to potential members from a wide range of sources; recruitment process is continuous with multi-year horizon; new members are seen as great additions to the Board.*

The mean score for this item in the 2020 Board Governance Self-Assessment had wide variability in response but was not identified as a priority by mean score. This is likely a result of a significant number of new Board Members not being part of conversations on this priority prior to being appointed in May while other tenured members were more familiar with the work done to date.

### **Analysis**

#### **NCCSP Board Forecasted Competency Gap Analysis**

Board Members were asked to self-assess their own competency level and the following results identified priorities for Board development and recruitment over the next 1-3 years.

Current Priority Index – The following Board Competencies are prioritized based on the relative absence of current Board Competency expertise. All the competencies below would be identified as a gap on the Board, prioritized by the significance of the gap:

1. Informatics and Technology
2. Human Capital and Talent Management
3. Community Public Health
4. Fund Development
5. Clinical (Behavioral Health, Skilled Nursing and Developmental Disabilities)
6. Marketing and Business Development



Competency Risk Areas with Potential Board Succession – The following Board Competencies are potential gaps that are either going to be exacerbated or new relative to potential Board turnover in the coming two years.

1. Quality and Patient Safety
2. Marketing and Business Development
3. Legal and Regulatory

### **Recommendations**

The Board can prioritize identifying future Board Members to fill these gaps by directing the CEO to start to develop recruitment pools and to establish a relationship with potential future Board Members.

Based on the current priority index, the Board should also seek to facilitate Board development activities in the coming year around the top priority index items.

### **Informatics and Technology**

- Understand how clinical and operational transformation occurs through long-term plans designed to achieve NCHC's objectives in the management of knowledge, information, and data.
- Knowledge of executing digital transformation strategy especially in regard to the application of advanced technologies to help NCHC solve problems and function in a digital environment.

### **Human Capital and Talent Management**

- Ability to ensure human resources functions are well run and aligned to achieve NCHC's strategic outcomes.
- Knowledge of key senior leadership capabilities and effective succession planning practices.
- Understand the impacts of demographics and organizational culture on business and talent management strategies.

### **Community Public Health**

- Knowledge of community health needs at community, state, and federal levels.
- Understand the social determinants of health and how inequities impact health outcomes.

To facilitate the development process, it is recommended that the Board direct the CEO to identify "augmented Board Members" who can serve as topical experts and help lead the development of competency and potential policy deliberations in these priority areas. The developmental priority areas will populate the Board's agenda in the 1<sup>st</sup> quarter of 2021.



## **NCCSP BOARD COMPETENCIES**

The following is a list of competencies that the NCCSP Board has identified as critical to the successful governance function of North Central Health Care. It is the goal of the NCCSP Board to ensure competency by:

1. Recruiting and retaining Board members who have an established expertise in one or more of the identified competencies.
2. Providing developmental opportunities both inside and outside the Boardroom for areas where Board competency gaps exist.
3. Augment the Board with competency experts as advisors (non-voting) to ensure the Board keeps up to date on strategic and policy considerations relative to identified competencies.

### **Health Care Industry**

- Knowledge of the business strategy of key partners in the local healthcare system and how private and public payors influence the clinical, financial and operational performance of NCHC.
- Understand how healthcare delivery is changing and the impact it will have on NCHC's programs and services.

### **Finance and Reimbursement Strategy**

- Knowledge and skill to guide development of long-term plans for revenue growth and development;
- Understand the impact of reimbursement and payment systems when assessing service delivery performance and recommendations; and
- Ability to assess decision-making structure relative to long-term capital spending for renovation and expansion of facilities, equipment and services.

### **Human Capital and Talent Management**

- Ability to ensure human resources functions are well run and aligned to achieve NCHC's strategic outcomes.
- Knowledge of key senior leadership capabilities and effective succession planning practices.
- Understand the impacts of demographics and organizational culture on business and talent management strategies.

### **Quality and Patient Safety**

- Understand and ensure close adherence to the Institute of Medicine's Six Aims to provide care that is safe, timely, effective, equitable, efficient and patient-centered.
- Knowledge and commitment to Zero Harm principles and the development of a culture of safety.
- Ability to develop meaningful measures of quality, safety and consumer satisfaction, financial and employee performance.

### **Fund Development**

- Knowledge of fundraising strategy, planning, and policies.
- Understand local philanthropic environment, including the current limitations and opportunities in fund development for NCHC services.

**Informatics and Technology**

- Understand how clinical and operational transformation occurs through long-term plans designed to achieve NCHC's objectives in the management of knowledge, information, and data.
- Knowledge of executing digital transformation strategy especially in regard to the application of advanced technologies to help NCHC solve problems and function in a digital environment.

**Community Public Health**

- Knowledge of community health needs at community, state, and federal levels.
- Understand the social determinants of health and how inequities impact health outcomes.

**Clinical (Behavioral Health, Skilled Nursing and Developmental Disabilities)**

- Professional or personal experience in the care, well-being, and treatment of individuals with mental illness, addiction, post-acute care, dementia, or developmental disabilities.
- Industry specific experience, education, or training in services delivered by NCHC.

**Legal and Regulatory**

- Understand the laws and regulations that NCHC operates under.
- Understand the principals of law within the criminal justice system.
- Knowledge of effective corporate compliance programs.

**Marketing and Business Development**

- Ability to anticipate evolving community needs using patient experience scores and other demographic and epidemiological data to set organizational priorities, plans, and investments.
- Understand the approaches and practices required for identifying, assessing, and capitalizing on new or evolving business opportunities.

## **2021 NCCSP BOARD CALENDAR**

### **Thursday January 28, 2021 – 3:00 PM – 5:00 PM**

Educational Presentation: Industry Update – An external resource will present on recent or anticipated changes in the operating environment.

Agenda Items

- CEO Performance Review – Initiate review of Chief Executive’s performance,

Board Policy Discussion Generative Topic: Board Competency Development Priority Item – Informatics and Technology

### **Thursday February 25, 2021 – 3:00 PM – 5:00 PM**

Educational Presentation: Progress on Achieving Zero Harm and Leading a Culture of Safety

Agenda Items

- Report of investigations related to corporate compliance activities and significant events.

Board Policy Discussion Generative Topic: Board Competency Development Priority Item – Human Capital and Talent Management

### **Thursday March 25, 2021 – 3:00 PM – 5:00 PM**

Educational Presentation: Audit Presentation

Agenda Items

- Accept Annual Financial Audit and Fund Balance Statement

Board Policy Discussion Generative Topic: Board Competency Development Priority Item – Community Public Health

## 2021 NCCSP BOARD CALENDAR

### Thursday April 29, 2021 – 3:00 PM – 5:00 PM

Educational Presentation: Annual Report & Program Review – Presentation of the Annual Report from prior year.

#### Agenda Items

- Report of investigations related to corporate compliance activities and significant events.

Board Policy Discussion Generative Topic: Review and discuss the organization's major programs and how the organization's programmatic performance informs the plans for the current year and beyond.

### May 27, 2021 – 12:00 PM – 5:00 PM (Annual Meeting & Board Retreat)

Elections: Election of directors and officers consistent with applicable provisions in the bylaws.

#### Board Policy to Review

- Board Strategic Planning Policy
- Budget Policy
- Capital Asset Management Policy
- Cash Management Policy
- Fund Balance Policy
- Investment Policy
- Risk Reserve Guidelines Policy
- Write-off of Accounts Receivable Policy

Board Policy Discussion Generative Topic: Focus on the strategic plan, environment, competition, and opportunities for collaboration.

Review Mission and Vision – Reflect on the organization's mission, vision, end statements and compare them against its activities, governing documents, and communications.

Review Strategic Plan – Review progress on the strategic plan, update as necessary.

Board and Committees – Review the Board's composition; appoint and authorize committees, as necessary; delegate duties; discuss board training/development; determine adequacy of oversight and planning activities.

Budget Assumptions & Priorities – Develop the upcoming budget assumptions and priorities in collaboration with the Executive Committee.

Capital Projects – Review capital budget and forecast for the organization.

## 2021 NCCSP BOARD CALENDAR

### Thursday June 24, 2021 – 3:00 PM – 5:00 PM

Educational Presentation: Corporate Compliance and Quality Obligations of the NCCSP Board – Emerging Compliance Trends

#### Agenda Items

- Report of investigations related to corporate compliance activities and significant events.

#### Board Policy to Review

- Business Associates Policy
- Contract Review and Approval Policy
- Contracting with Excluded Individuals and Entities Policy
- Purchasing Policy

Board Policy Discussion Generative Topic: Effectiveness of the Corporate Compliance Program

### Thursday July 29, 2021 – 3:00 PM – 5:00 PM

Educational Presentation: Current practices and performance around the human capital management of the organization.

#### Agenda Items

- Review of Employee Compensation Plan Effectiveness
- Review Employee Benefit Plan Performance
- Review Diversity, Equity and Inclusion Plan

#### Board Policy to Review

- Employee Compensation Policy

Board Policy Discussion Generative Topic: Effectiveness of Human Capital and Talent Management Programs

## **2021 NCCSP BOARD CALENDAR**

### **Thursday August 26, 2021 (MEETING IN ANTIGO) – 3:00 PM – 5:00 PM**

Educational Presentation: Annual Report from the Medical Staff

Agenda Items

- Report of investigations related to corporate compliance activities and significant events.

Board Policy to Review

- Medical Staff Bylaws

Board Policy Discussion Generative Topic: Effectiveness of the Medical Staff's oversight of the organization's quality of care.

### **Thursday September 30, 2021 3:00 PM – 5:00 PM**

Educational Presentation: Budget Presentation

Agenda Items

- Proposed Budget Recommendation to County Boards
- Annual Board self-evaluation of Governance and Competency
- Board Calendar for upcoming year
- Review of Bylaws
- Review Policy Governance Manual

Board Policy Discussion Generative Topic: Focus on the board's performance and areas for improvement.

### **Thursday October 28, 2020 (MEETING IN MERRILL) – 3:00 PM – 5:00 PM**

Educational Presentation: Annual Quality Audit – Update on the Status of the Quality, Compliance, and Safety Plan

Agenda Items

- Report of investigations related to corporate compliance activities and significant events.

Board Policy to Review

- CEO Recruitment, Retention, and Removal Policy

Board Policy Discussion Generative Topic: Annual CEO Succession Planning Exercise

## **2021 NCCSP BOARD CALENDAR**

### **NO MEETING IN NOVEMBER**

**Thursday December 16, 2021 – 3:00 PM – 5:00 PM**

Educational Presentation: Adopted Budget and Operational Plan for the upcoming year

#### Agenda Items

- Report of investigations related to corporate compliance activities and significant events.
- Quality, Compliance and Safety Plan
- Utilization Review Plan
- Organizational and Program Dashboards
- CEO Work Plan
- CEO Performance Expectations and Compensation Plan
- Stakeholder Engagement Plan

#### Board Policy to Review

- Complaint and Grievance Policy
- Corporate Compliance Program
- Employee Grievance Policy
- Occurrence Reporting Policy

Board Policy Discussion Generative Topic: Effectiveness of organization's reputation management initiatives – how do our patients, community partners, employees, management, and physicians assess our organization



## **2020 NCCSP BOARD CALENDAR – for remainder of 2020**

### **NO MEETING IN NOVEMBER**

**Thursday December 17, 2020 (3<sup>rd</sup> Thursday) – 3:00 PM – 5:00 PM**

Educational Presentation: Adopted Budget and Operational Plan for the upcoming year

#### Agenda Items

- Report of investigations related to corporate compliance activities and significant events.
- Quality, Compliance and Safety Plan
- Utilization Review Plan
- Organizational and Program Dashboards
- CEO Work Plan
- CEO Performance Expectations and Compensation Plan
- Stakeholder Engagement Plan

#### Board Policy to Review

- Complaint and Grievance Policy
- Corporate Compliance Program
- Employee Grievance Policy
- Occurrence Reporting Policy

Board Policy Discussion Generative Topic: Effectiveness of organization's reputation management initiatives – how do our patients, community partners, employees, management, and physicians assess our organization

[Restart Survey](#)[Place Bookmark](#)Mobile view off ☐Tools 

## NCCSP Board Experience Transformer

Please complete the following question set based on your most recent NCCSP Board Meeting experience. Information from this survey will be used to enhance the collective experience of the Board and to improve Governance process.

Name (Optional)

If you could do this experience over - knowing what you know now - what would you do differently?

### Experience Optimizer Factors

	Yes	Could Be Better	No
Are you leaving the meeting confident in the overall performance of our organization? If not, please elaborate on the concerns you would like to have addressed in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the materials included in the Board's pre-meeting packet adequately allow you to prepare for today's meeting? If not, what would've helped you be better prepared?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel you had ample opportunity for input? If not, how could we better provide an opportunity for your input?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did all members participate in an active way? If not, why do you think that happened?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did we focus on the right issues, giving the most important issues of strategy and policy adequate time? If not, what issues should we be focusing on or giving more time to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you responded "No" to any of the Experience Optimizer Factors above, please elaborate with additional feedback or context.

Missed thoughts you didn't have the chance to state or questions you have.



THE WISCONSIN SOCIETY  
FOR POST-ACUTE AND  
LONG-TERM CARE  
MEDICINE

### **Newsletter for October 2020-**

Kristin Severson, DO, FACOI, CMD, President [monkeyboymomma@yahoo.com](mailto:monkeyboymomma@yahoo.com)  
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WAMD-The Wisconsin Society of Post-Acute and Long-Term Care Medicine  
[www.wamd.org](http://www.wamd.org)  
253 Willow Lane  
Hartford, WI 53027  
P 844-990-WAMD

### **Excerpt:**

#### **From the Trenches-** questions about the meaning of PA/LTC life.

*From our colleagues at LeadingAge Wisconsin-John will be joining us on the October 13 call-in*

Thank you for the opportunity to contribute to the Wisconsin Society for Post-Acute and Long-Term Care Medicine (Wis-PALTCM) newsletter. It is an honor to be asked to contribute to this month's publication and to offer an added perspective to our common mission. LeadingAge Wisconsin members share Wis-PALTCM's goal to improve care and services available to Wisconsin's citizens and look forward to working together and furthering our partnership.

The global COVID-19 pandemic has dramatically impacted our state's health and long-term care system. For the past eight months, long-term care providers have gone to extraordinary efforts to keep residents safe and meet their ongoing care and services needs. They have worked tirelessly to procure critically necessary PPE; secure and administer COVID-19 tests to residents and staff; comply with new and, at times, conflicting state and federal regulations; and address staffing challenges further exacerbated by COVID-19. Almost at every turn, long-term care providers are faced with new and often daunting challenges, but like our medical director partners, these providers' resolve to persevere while serving those entrusted in their care remains steadfast and resolute.

State regulators, ombudsman and public health officials praise Wisconsin's long-term care facilities for their continued quality performance and effective infection control measures, and, most recently, for performing heroically in mitigating the spread of COVID-19 to their residents. A recent national report shows Wisconsin's long-term care facilities had the [lowest rate](#) of long-term care COVID-19 cases among 35 States (August 20, 2020, Kaiser Foundation report). The dedicated facility medical directors rightfully should be acknowledged for contributing to this exceptional performance.

Apart from generally high performance, nursing facilities have battled to remain financially viable. The COVID-19 impact on most organization's budgets has been twofold, causing them to experience rapidly escalating expenses, coupled with significant revenue losses. On the expenditure side of the ledger, many facilities have increased caregiver wages (hero pay); experienced an escalation of PPE costs three to eight times higher than normal; increased staffing hours associated with COVID-19 testing, and replaced staff who are in quarantine or otherwise unable to work. On the revenue side, significant revenue loss occurred as a direct result of fewer admissions from hospitals, as hospitals experienced a decrease in elective surgeries and other procedures. In addition, some older adults have deferred nursing home admission because of the federally imposed restrictions on visitation, communal dining and group activities. Subsequently, a September 23, 2020 memo from the Division of Public Health generally directs nursing homes to temporarily halt or restrict admissions if they experience a COVID-19 outbreak (defined as a single staff or resident with a positive test).

It has been extensively documented that Wisconsin nursing homes were in a precarious financial position well before COVID-19. The factors contributing to this are summarized here: The average *net* profit margin of Wisconsin's nursing homes is estimated to be a *negative* 3.5%; Wisconsin's Medicaid reimbursement system is one of the worst in the country with respect to covering the actual cost of care; Wisconsin nursing homes recently reported a costly 23% caregiver vacancy rate; and since 2016, forty-one nursing homes have closed and many more facilities have elected to downsize their operations.

During the most recent two calendar years, over 3,000 nursing home beds were closed, reducing the State's nursing home bed capacity by about 10%. However, the aging demographics suggest the need for skilled nursing care will increase significantly in the years ahead. Considering the percentage of people in Wisconsin age 85 and older is projected to increase 112% in the next 20 years, the need for nursing home beds is expected to intensify. A 2019 LeadingAge Wisconsin [Nursing Facility Access Study](#) projected that nearly every Wisconsin county will experience a nursing home bed shortage by the year 2027.

With all of that said, is there a reason for our respective members to remain optimistic and committed to serving Wisconsin's nursing facility residents? I submit the answer is an unequivocal, "Yes." Let me briefly explain:

- The COVID-19 crisis has caused policymakers to better understand the critical need for a strong post-acute care/long-term care system with appropriate access to quality nursing facilities. All stakeholders are witnessing what happens to the "delivery system" when one element is significantly underfunded or under-resourced. Health systems are becoming allies in our quest for funding reform. Recognizing there is a problem is the first step in moving towards a solution.

- After a year-long effort, the Governor's Task Force on Caregiving released its [report](#) containing 16 comprehensive recommendations to address the caregiver crisis. A key recommendation within this report is to "link nursing home reimbursement rates to the actual cost of care." This report is a clarion call to reform the nursing home reimbursement system to ensure Wisconsin citizens have access to high quality care and services and the Medicaid long-term care safety net is mended.
- The federal nursing home survey system has long been criticized by the provider community as being more about compliance and enforcement than quality improvement. While regulations play an important role in our long-term care system, the current system's overreliance on second-guessing and punishing high performing facilities does little to sustain quality while driving compassionate and dedicated caregivers to leave the field. Our hope is that lessons learned from the suspension of the standard nursing home survey process during the early days of COVID-19, coupled by recent commentaries from experts from Harvard and Stanford Universities, will cause others to reexamine the efficacy of the current regulatory system.
- A crisis begets innovation and change. In addition to reforming the overall Medicaid nursing home reimbursement system, we expect that funding incentives will emerge to reward facilities that elect to serve residents exhibiting challenging conditions or other outlier conditions/costs (e.g., high medication expenses), and those facilities that meet certain quality performance metrics. In addition, COVID-19 has demonstrated that staff training innovations (emergency/temporary caregiver allowances and "testing-out" options) can attract individuals to consider a long-term care career; and telehealth can be relied on as an important option within our care and service system.

In closing, there are numerous opportunities for Wis-PALTCM and long-term care providers to work collaboratively for positive change. Despite the challenges noted above, I am convinced that mission-driven organizations and providers will survive these challenging times and emerge on the other side better than what they have experienced to date.

Respectfully,

John Sauer, President/CEO  
LeadingAge Wisconsin

*John Sauer is President/CEO of LeadingAge Wisconsin, a statewide membership association comprised of 175 mission-driven organizations which own, operate and/or sponsor more than 500 nursing homes, assisted living communities, senior housing complexes, and community service agencies. Members employ over 38,000 individuals who provide daily care and service to more than 48,000 residents, tenants, or clients.*